

JPRS-TEP-93-015

8 June 1993



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JPRS Report

Epidemiology

WORLDWIDE HEALTH

Epidemiology WORLDWIDE HEALTH

JPRS-TEP-93-015

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8 June 1993

[This EPIDEMIOLOGY report contains material on worldwide health issues. AIDS and other epidemiology topics will be covered in later issues. Comments and queries regarding this publication may be directed to Roberta, FBIS, P.O. Box 2604, Washington, DC 20013.]

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ANGOLA

RSA Medical Team at Mucusso Training Hospital

93WE0392A Pretoria PARATUS in Afrikaans
Feb 93 pp 10-12

[Article by Lieutenant George Thiar: "Medical Team Withdraws From Angola"]

[Text] On 23 December 1992, a team of seven members of the South African Medical Service (SAGD) returned to South Africa [RSA] after spending a period of time providing humanitarian assistance and medical services at a training hospital in Mucusso, Angola.

The weakened political climate in Angola and the security of the South African citizens made it necessary to bring the team back to South Africa.

Withdrawal attempts were initially made more difficult because the Angolan Government refused to grant the necessary landing permits to South Africa. After Namibia gave the green light, the team was transported by road from Mucusso to Bagani in Namibia, after which they were taken by plane to Wonderboom airport in Pretoria.

Three other team members, a pilot and two medical sisters, who had malaria, returned earlier in December 1992 to South Africa.

Crisis

Following the signing of the peace treaty in July 1991, South African hospital personnel were asked to continue providing medical services to the people of southeastern Angola. This opened the way to international recognition of the humanitarian assistance provided by the personnel. A dentist, two medical doctors, and four sisters from the SAGD, as well as a pilot and an administrative official from South Africa served at the 250-bed hospital.

According to one of the members of the team, Dr. Charles van Reenen, Angola has been plunged into a medical crisis. The medical infrastructure in Angola has collapsed and the country is completely dependent on foreign support and goodwill for medical services. "With the withdrawal of the SAGD from Mucusso, the scene has been set for a tragedy in this area," said Dr. van Reenen. The local personnel at the hospital are not capable of being independent. There is not even a medical doctor to take their place and the medical supplies and food are virtually gone. Supplies were sent regularly from Pretoria to Mucusso and gifts were made by pharmaceutical companies to replenish the medical supplies. "Mucusso hospital was the only fully equipped functioning hospital in Angola," said Dr. van Reenen.

Medical Care

In the heat of the tropical African sun, Mucusso Hospital, located on the banks of the Kavango River, meant relief for thousands of natives of southeastern Angola.

Patients from the northern provinces of Angola and from as far away as Luanda and neighboring Zaire were taken to Mucusso for treatment. The majority of the hospital's patients were suffering from malaria or other tropical illnesses or needed to recuperate from war wounds.

An average of 390 patients per month, alternating from surgical to dental cases, were treated by the medical team. Patients were also regularly sent to Pretoria for more specialized treatment.

Initially, only clinics were functioning in the area. Due to the extent of the numerous medical needs present it was decided in 1984 to build the Mucusso hospital.

Dr. Jonas Savimbi put 88 people, wounded during the war but able to work to build the hospital. It was built with teak and took about a year to complete. The temporary wooden building burned to the ground in 1985 and in 1986 they started putting up permanent brick buildings.

During the war years, Mucusso served primarily as a front-line base hospital for UNITA [National Union for the Total Independence of Angola] soldiers. UNITA received gifts from abroad in the form of medicine and operating room equipment that was sent to Mucusso via road or train.

Community Service

The hospital consisted of six wards, specifically: a general ward for men, a men's surgical, orthopedic and urology ward, a maternity and prenatal clinic, a pediatric ward, a ward for patients with septic wounds and a general ward for women.

The SAGD team was successful in offering nurse's training to selected members of the community so that every other year approximately 80 students graduated. Following training, the nurses were put to work in the wards under the supervision of the SAGD nurses.

Dentists and dental assistants were also trained from among the local population. In addition, an immunization clinic for babies and children was also developed. The development and nutritional balance of babies was monitored. A poultry farm provided eggs for undernourished children.

Blood was drawn in the wards and clinics and tested in the laboratory by locally trained assistants. Operations such as amputations and Caesarian sections, were performed in the hospital's operating room. Trained operating assistants from the local population assisted the SAGD doctors.

In order to lighten the task of the thinly spread medical personnel, UNITA set up a general clinical ward, independent from the hospital. Patients who could not be treated there were referred to the hospital's casualty ward, where they were examined by medical orderlies. All personnel from the local population provided their services free to the hospital. Sometimes they worked for 36 hours without a break.

With a heavy heart, Dr. van Reenen and his team said goodbye to the hospital. To Mucusso and the people they learned to love and who need them. "Hopefully the African sun will not set permanently over Mucusso hospital," said Dr. van Reenen.

SOUTH AFRICA

CESP Involvement in Health Education Described

93WE0393A Maputo TEMPO in Portuguese
28 Mar 93 pp 25-28

[Interview with Bonifacio Mahumane, of CESP (Federation of Education in Public Health), by Paulo Sergio: "What Is CESP and What Is It Doing in Public Health Education?"; place and date not given; first two paragraphs are TEMPO introduction]

[Text] A vast quantity of publications has been prepared to educate the public in health matters. Materials on prevention of acquired immunodeficiency syndrome are an example of this.

The Federation of Education in Public Health (CESP), an agency of the Ministry of Health, has been coordinating efforts to teach urban and rural residents what they, as individuals, can do to keep the worst from happening to them in terms of health. Bonifacio Mahumane, of the federation, discussed some aspects of this in a timely conversation with TEMPO. The pretext for the interview was "Live With Care—Prevent Violence and Negligence," the theme for the commemoration of this year's World Health Day.

Sergio: Judging by the volume of publications already produced, although not yet widely distributed, can we say that the Federation of Education in Public Health is a publishing house oriented toward civic education of members of the public?

Mahumane: It is not really a publishing house; it is a consulting and support agency for the National Bureau of Health [Direccao Nacional de Saude]. Its only prerogative is to coordinate all public health education activities in Mozambique. In developing a health education policy it is assisted by a technical council, composed of officials who are in charge of different health programs within the Ministry of Health. CESP's goal is to make available to Mozambican families and communities, and to others, educational materials that increase their knowledge, with a view to changing negative behaviors to other behaviors that favor one's chances to enjoy a

healthy life. In short, it encourages respect for and effective utilization of the existing health services, whether in the cities or in the rural areas of Mozambique. People know that, despite the limitations or difficulties that result from the circumstances we live under, we are not shirking our obligation to prevent disease (and save human lives).

Sergio: How does CESP operate, both in the cities and in the countryside? And how long ago did it launch this ambitious campaign of public health education?

Mahumane: CESP was created within the Ministry of Health—after national independence, obviously. It is part of the National Bureau of Health, and its activities are simply one of several efforts the bureau is making—for example, in maternity and infant health which, in turn, have a lot of separate components or programs.

In the case of CESP, based on epidemiological information, i.e., on the basis of data on a certain disease (number of cases, deaths caused), we can observe the origins.

The program directed toward CESP defines educational needs and studies to be made, as well as the practices to be followed and attitudes to be taken to implement everything related to public health education. After a thorough analysis, we determine the type and content of knowledge that the public needs, or lacks, so that it can protect itself from the disease of which it is the inadvertent victim.

In educational materials, CESP stipulates the strategy to be adopted in the field: it can be either a written or spoken message. Care is taken to select the most appropriate media to carry that educational message.

To that end, there are two divisions: one for training and public education, and the other for communications and materials production. The content of the messages is determined in the training and public education division. Then there is a discussion, in minute detail, about what each message should be in terms, shall we say, of linguistics and illustration.

In the communications and materials production division, we establish a liaison with companies and institutions through which we might organize the transmission of an educational message, either via posters, serial albums and comic strips, or by radio broadcast. That is why there is a communications and materials distribution section that includes artists who produce and suggest illustrations on the basis of the campaigns we plan to conduct in all this country's provinces.

National Languages: The AIDS 'Experience'

Sergio: Some of CESP's intervention in the Mozambican social environment is carried out in native languages. In editorial terms, is that done by a specialized "corps"?

Mahumane: It is done by qualified people, but not CESP personnel. People are contracted from other departments, such as the Faculty of Letters of the Eduardo Mondlane University—especially from NELIMO [Mozambican Languages Study Unit]. Our first major experience was with the production of materials pertaining to the battle against AIDS. The materials (written in Portuguese) are translated and then reviewed and discussed so that the message is not distorted in any way.

Sergio: Some editions have been produced in Changane or Ronga, and others in Makua. Do they have a lot of readers?

Mahumane: We have not yet done any survey or assessment as to the kind of acceptance these national-language printed materials have had with the public. Plans call for an analysis of the impact of these materials to be made this year. Such an analysis will also be a survey of the acceptance that Portuguese-language editions are having here.

As to national-language publications, in fact we do not yet have an idea of the impact they are having. We only know they have sparked a great interest on the part of some religious organizations.

Sergio: Concerning AIDS education; how do the results look? Promising, or simply unchanged? As you know, many people do not take advice and warnings gracefully.

Mahumane: Talking about results is the same as talking about some knowledge, studies, attitudes, and practices—so far, there is little to talk about. The results are still scanty, but the most important thing is that people are aware of the existence of AIDS, and they express this in the form of opinions. No one is unaware that AIDS exists and that it kills.

For example, a study made by the Red Cross in December, in Manica, showed that of 211 respondents, of whom 107 were female and 104 male, 55 percent of the women knew that AIDS exists, and knew how it is transmitted. Among men, that percentage was 67 percent.

But an intriguing aspect is that despite the knowledge they had, or have, concerning AIDS, the same study was able to show that during the four previous weeks (before the survey in Manica), 15 percent of the women and 37 percent of the men had had sexual relations with more than one partner!

Well, this proves that in fact, although people know what AIDS is and the consequences it can have, when it comes to reducing their "sexual activity" with more than one partner, the concerns are just not there yet. We think 15 and 37 percent are very high rates, since they can create problems for the health sector if some of those other partners are infected with the AIDS virus. It is distressing for the health authorities because the same study, or survey, taken in Manica, indicates that only eight percent of respondents used condoms!

In practical terms, this is a warning that we need to continually step up our effort to expand public health education. Just look—as of the end of January 1993, an additional 14 cases of acquired immunodeficiency syndrome had been diagnosed. This raises to 676 the number of cases of which the WHO has been notified. Of those 14 (new) cases, nine were in the (province) city of Maputo!

Community Health: The Stakes Are Always Serious

Sergio: What has been the role of CESP in the area of community health?

Mahumane: We have increased the training of community health workers in response to the actual circumstances in each community, so that the transmission of information to the community (of which those same workers are members) takes place as effectively as possible.

Known as activists, the community health workers also carry messages that make people aware of the best and most appropriate practices in terms of public health, whether from the individual or family standpoint, or from the community standpoint. That is why we are "fighting"—to see that the methods and habits of cleanliness and hygiene that are imposed by custom, good citizenship, and morality are kept alive, and the advice that CESP has been giving through messages and printed matter is one way of doing this.

Sergio: Theater groups are helping with all this, at least in the provincial capitals!

Mahumane: CESP also has some authority over theater groups who, with the financial support of the Swedish NGO [nongovernmental organization] known as ARO [expansion not given], were set up in Nampula, Cabo Delgado, Tete, Manica, and Zambezia under the technical and artistic supervision of the stage and scenery group of the CFM [Mozambique Railroad] (based in Maputo).

In each province, CESP works with actors to organize and stage theatrical shows of educational interest in the area of community and public health in general.

Sergio: And how has the public reacted on occasions when these events have dealt with the prevention of AIDS and the practical means of combating it, for example, through the use of condoms?

Mahumane: In terms of demonstrating the use of condoms, there can be no problems if you have selected your "target audience" carefully. Which means: first you select the age group in which the AIDS problem occurs most frequently and this, because the group identifies itself with this business of the syndrome, facilitates communication and discussion. You avoid appearing ridiculous, because the perception comes much more quickly and because there are no inhibitions.

As regards demonstrations of the use of the condom itself, there has never been a completely negative reaction. That happened only in the beginning, when the actions were not as clearly thought out as they should have been when actually presented to people, whether they were young people, or women, or adults of both sexes who knew what a condom was and what the AIDS syndrome was.

Sergio: Is there any coordination between the role of CESP and the traditional folk healers who have expressed willingness to cooperate directly in the battle against AIDS, at least in terms of education and prevention?

Mahumane: There is no solid coordination, yet, although we can say that some activities have been conducted with the support of the healers. In several provinces, seminars have been held that were attended by healers, so that we could warn of the danger that AIDS can be transmitted via blood and the cutting objects they use in their healing practices.

At the seminars with the healers, the crucial point has always been to make them aware of the danger, so that they are not potential agents in the spread of that disease. Another aspect of our work with the healers centered on CESP's desire that they be activists, or active health workers, wherever they are—that they educate their clients and patients toward a healthy sexual life.

Proposals of efforts and exchanges have been made, and should be put into practice as soon as they are considered feasible, in terms of public health education.

Sergio: And in the midst of everything that has been done, hasn't CESP been confronted with aspects of traditional Afro-Mozambican morals, and with the elements of "modern life" and sexual freedom?

Mahumane: We have tried to reconcile the two, because in education and in health there can be no attitudes that conflict with the culture and beliefs of a community.

The health authorities must be known for using proper and acceptable means in dealing with people, regardless of whatever traditions they may have. That is why, prior to undertaking any educational activity, CESP has first taken the trouble to assess the terrain and determine the advantages and disadvantages of using one strategy or another. This way, we take better advantage of positive behaviors and habits in the community, and enlist them in the cause of the enhancement of Mozambican public health.

Debates, Better Coordination

Sergio: Will the public health education sector sponsor some special program in connection with World Health

Day, which will be commemorated on 7 April (in the district of Magde, in Maputo)?

Mahumane: We are going to take advantage of the fact that the theme of World Health Day refers to the prevention of violence and negligence, to get the public's attention once again. A lot of losses have occurred, basically, because people are not taking care of their health.

We are going to hold educational lectures on public health education, and a roundtable discussion, or debate, in which the participants would be individuals who can testify as to the effects of violence and negligence on the Mozambique social environment.

We think that traffic police, hospital workers, people associated with women's needs and social action, as well as teachers and the media can testify as to the effects violence caused, for example, by auto accidents, drugs, and alcoholism. They can warn Mozambicans about the bad things that are happening that could have been prevented if care and attention had prevailed on a certain occasion, or if they prevailed in the daily lives of each of us.

Sergio: And besides the debate, or roundtable?

Mahumane: Several demonstrations are planned. But as regards CESP's own responsibility, what we want, in the very near future, is to have any educational action taken by anyone, whether CESP or other public health education institutions or organizations, to be very well coordinated. Our interest is in seeing that a lot of messages go out from different parts of the country, in different ways and over different channels. But we want it to be fundamentally the same message, in terms of "calling the people's attention" to what they should do to protect themselves against diseases and to stay healthy during whatever time is allotted us as human beings.

Health Officials Reject Zimbabwe Report on Deadly Disease

MB2404080993 Johannesburg South Africa Network in English 0500 GMT 24 Apr 93

[Text] South African health officials are reported to be puzzled about a warning by Zimbabwe's minister of health and child welfare, Mr. Timothy Stamps, that a deadly disease is headed for Zimbabwe from South Africa. Mr. Stamps said this week that the disease, Enterohemorrhagic *E. coli*, was gaining ground in South Africa and that the first cases had been diagnosed in Zimbabwe. He said the disease caused diarrhea and bleeding, which could lead to dehydration and death. However, a spokesman for Baragwanath Hospital said there had been no signs of the disease. And the Groote Schuur hospital's Bacterial laboratory said it had not encountered a single case of the disease.

Strengthening Expanded Immunization Program for Children Urged

54004805B Beijing CHINA DAILY (National)
in English 26 Apr 93 p 3

[Text] The State Council wants the nationwide expanded immunization program (EIP) for children supported by all of China's governments.

The central government hopes the State's promise of wiping out polio and neo-natal tetanus by 1995 and providing inoculations for at least 90 percent of all Chinese children by 2000 will be fulfilled.

State Councillor Peng Peiyun told a conference in Beijing yesterday to mark the national EIP publicity day that governments must strengthen their leadership and publicity in such work to increase the public's awareness.

Activities have been held throughout the country in the past week to stress the EIP campaign.

In the capital, 25 publicity and consulting centers were set up yesterday in 18 districts and counties.

Peng, officials from the Ministry of Public Health, the State Education Commission and the All-China Women's Federation as well as experts from such international organizations as the World Health Organization and the United Nations Children's Fund (Unicef) visited the publicity center in front of the Beijing Children's Hospital and distributed oral vaccines to children.

The Vice-Minister of Public Health, He Jiesheng, said the incidence of some childhood epidemics had dropped greatly, thanks to widespread inoculations.

The incidence of measles had fallen by 90 percent, compared with the 1960s, for example. The death rate had dropped by 95 percent.

And the EIP program had been extended to about 90 percent of county children.

But the vice-minister said there are still problems hindering China achieving its 1995 and 2000 goals.

Some local governments were too complacent, he said, and the number of polio cases was increasing in some districts.

In 1991, 1,926 polio cases had been reported across China—three-quarters of the total cases in the western Pacific region.

Last year, 1,200 new cases had been reported in 348 counties and districts.

A number of the provinces with high rates of childhood epidemics suffered from lack of funds and some grass-roots medical workers tended to transfer to other positions because of hard work and low income.

The increasing mobile population also created new problems, he said.

Beijing municipal government spent more than a million yuan (\$175,000) each year to vaccinate children including those who migrated to the city with their parents.

No polio cases had been detected in the capital since 1990.

Meanwhile, the Beijing-based Health News reports that Unicef's Hong Kong committee will launch an appeal in the territory next month to support China's polio elimination program.

The committee plans to collect \$4 million in donations to buy vaccines for the mainland's remote and poor districts.

Campaign Planned To End Iodine Deficiency Diseases

HK2005074093 Beijing CHINA DAILY in English
20 May 93 p 1

[Report by staff reporter: "Campaign Planned To End IDD Epidemic"]

[Text] A nationwide campaign will be launched soon to wipe out iodine deficiency diseases (IDD) by the year 2000.

Nearly 30 government institutions, including the Ministry of Public Health, the China Disabled Persons' Federation (CDPF), and the State Family Planning Commission, will participate in the national action started in July this year, said Zhou Jingdong, CDPF's vice president.

The draft programme includes an introduction to the IDD epidemic situation in China and specifies duties for each state department in the national action plan. It also spells out remedies for high-risk people like pregnant women and newly-born babies.

State Councillor Peng Peiyun stressed recently that the government and people must be concerned about children's physical quality. "It is a matter closely related to the welfare of each family and the future of the whole nation," she said.

Peng, who is now in charge of women and children affairs as well as health and population issues, expressed that she would do her best in the cause of reducing birth deformities in China.

Peng made the remarks on Monday in Beijing at a discussion on improving birth conditions and enhancing children's physical quality.

Many government officials, including Wu Jieping, deputy director of the Standing Committee of the National People's Congress (NPC), Song Ping, director

of China Family Planning Association and Chen Minzhang, Minister of Public Health, attended the discussion. It was jointly organized by the State Family Planning Commission, the Ministry of Public Health, the China Family Planning Association and the China Improved Birth Science Society. It was also supported by the Zunyi Male Infertility Research Institute in Guizhou Province.

All agreed that the country should give priority to improvement of children's physical quality while slowing down rapid growth in population.

Some 15 medical specialists suggested during the discussion that the State map out legal regulations that will forbid all units and individuals from selling non-iodine salt to IDD epidemic districts, and that violators be severely punished.

SOUTH KOREA

Health Ministry Detects Insecticide in U.S. Wheat

SK2005041693 Seoul YONHAP in English 0241 GMT
20 May 93

[Text] Seoul, May 20 (YONHAP)—A residue of the insecticide malathion has been detected in part of a shipment of U.S. wheat, the Health and Social Affairs Ministry said Thursday.

A ministry spokesman said that 1,500 tons of soft white wheat had 3 ppm of malathion out of 25,390 tons unloaded on April 27 in Pusan, and the Pusan quarantine station was inspecting the cargo.

Daesung Milling Co. and two other millers had bought the wheat produced in the State of Oregon, the spokesman said.

The limit for residual malathion is 2 ppm, and so the wheat was declared unsuitable for food processing.

It is the third time excessive pesticidal residues have been found on wheat from the United States. Affected wheat is either burnt, returned to the exporter or put to another use such as animal feed.

The ministry declared the remaining 23,890 tons safe as it contains only 0.062 ppm to 0.426 ppm of malathion.

Malathion is used for killing green leafhoppers and may cause vomiting and difficulty in breathing if ingested in excessive amounts.

LAOS

Premier Gives Instruction on Inoculation

BK3004101993 Vientiane Vitthayou Hengsat Radio
Network in Lao 0000 GMT 29 Apr 93

[Instruction issued 21 April 1993 by Prime Minister Khamtai Siphandon concerning implementation of work to promote a nationwide inoculation campaign from 1993 to 1996]

[Text] Laos is the country with the lowest rate of inoculation among the countries in Asia and the western Pacific region. Even though an enlarged inoculation program to prevent tuberculosis, diphtheria, whooping cough, tetanus, poliomyelitis, and measles has been launched in our country for more than 10 years, the rate of inoculation against each disease still remains very low, only 30 percent, except against measles whose inoculation rate is about 50 percent.

Inoculation against these diseases has made slow progress in recent years due to several problems. For example, financial support for carrying out this campaign is inadequate. Coordination among various services and organizations is ineffective. Local administrations fail to pay close attention to administering this

work but only allow public health services to do the job in accordance with local conditions without a follow-up inspection. Many localities lack working personnel while communication facilities remain very rudimentary or are non-existent and people's residences are scattered and located in remote mountainous areas. In addition, most public health services fail to properly explain to parents the need and necessity of the inoculation campaign and to convince them to bring their children to be vaccinated. Many localities still lack adequate facilities and equipment or utilize them for the wrong purposes. Our public health structure still remains immature. Many health stations and herbal medical hospitals have not yet engaged in inoculation activities, etc....

On the basis of the spirit of the resolution on social and cultural work adopted at the 5th congress of the Lao People's Revolutionary Party [LPRP], relying on a resolution adopted at the inaugural session of the 3d National Assembly, and with the above-mentioned justification, the Lao Government regards the enlarged inoculation campaign as an important and central task of our country and as an extremely vital part of socioeconomic plans in the years to come. All government services and state and private organizations concerned, including the multiethnic Lao people, must pay attention to rapidly increasing the rate of inoculation against all diseases to reach 80 percent of the targeted population by 1996. To achieve the aforementioned objective, the prime minister has issued an instruction as follows:

1. The Public Health Ministry is instructed to act as a focal body in organizing the implementation of the inoculation campaign and in coordinating with all services and localities to spell out detailed plans and targets which must be fulfilled each year from now until 1996 to provide inoculation against six diseases to all infants under one year of age and against tetanus to at least 80 percent of all pregnant women and other women between the ages of 15 and 45 years throughout the country.
2. All provinces, Vientiane Municipality, the special zone of Sianghon-Hongsa, and all districts must form provincial- and district-level commissions for mothers and infants whose duty is to inspect, follow up, and coordinate work with all services concerned and public health services in executing plans and fulfilling expectations outlined by the commission in charge of implementing the central-level enlarged inoculation program which has been approved by the government and the National Commission for Mothers and Infants. Chairmen of the provincial- and district-level commissions should (?consult with) provincial governors or deputy governors and their representatives in inspecting and following up the implementation of the program in an efficient manner.

3. In 1993, the Ministry of Public Health is instructed to allocate needed budgets for organizing the implementation of the nationwide inoculation campaign by relying on the amount of money already allocated and endorsed by the National Assembly. As for the coming years, the ministry must earmark necessary budgets for carrying out this work and propose them to the government and the National Assembly for deliberation at a meeting to adopt the annual budget plan.
4. The Ministry of Communications, Transport, Posts, and Construction must instruct its local services to provide necessary conveniences and regard it as a priority task to dispatch vaccines and inoculation equipment and to deliver postal packages from the center to the provinces and from the provinces to districts and vice versa without delay. At the same time, the ministry must consider waiving some fees and service charges accordingly.
5. The Ministry of Trade and the Ministry of Finance must provide all conveniences in giving tax waivers on all equipment used in the enlarged inoculation campaign and all vaccines as specified in Resolution No. 47. At the same time, they must consider lifting certain regulations and methods for the speedy acquisition of all equipment and vaccines used in the campaign from warehouses to avoid any delay which may incur unnecessary expenses from state budgets.
6. The Ministry of Information and Culture and its services in the localities have the duty to relentlessly and regularly popularize the importance and need of inoculation work in all forms and through all means, including in tribal dialects, among the people, cadres, state employees, workers, soldiers, policemen, traders, businessmen, and companies with a view to encouraging the multiethnic people and parents to take their infants and women to receive inoculation services at fixed units or from mother and child wards at hospitals and health stations or at mobile medical units in villages.
7. The Ministry of Education and its own services in the localities have the duty to advise school teachers and pupils to make contributions to the inoculation campaign administered by medical cadres by taking their younger brothers and sisters to receive inoculation service for the said six diseases in accordance with the national inoculation campaign timetable announced earlier by the Ministry of Public Health. In addition, the ministry must coordinate with medical personnel in encouraging the targeted population to receive inoculation services and help keep records on inoculation results or encourage people to take medical doses on schedule. Moreover, it should coordinate with the Ministry of Public Health in adding a subject on inoculation work to the curricula of kindergarten, elementary, and secondary schools and of the Informal Education Center.
8. Mass organizations from the central down to local levels, such as the Federation of Lao Women's Unions (FLWU), the Lao People's Revolutionary Youth Union, and the Lao Front for National Construction, with the FLWU playing the leading role, have the duty to mobilize parents or guardians of children to take their children to receive inoculation doses for the six diseases on schedule. They can also help medical personnel in popularizing health care programs by pointing to the importance of the inoculation campaign.
9. The acting minister of public health, the provincial governors, and the lord mayor of Vientiane Municipality must submit regular reports once a month to the chairman of the National Commission for Mothers and Infants for forwarding to the government. At the same time, they must report any problems and difficulties obstructing implementation of the campaign to the government so the latter can find ways to promptly resolve such developments.
10. The acting minister of public health, the provincial governors, the mayors of all municipalities, and all district chiefs must regard it as their own responsibility to follow, inspect, and promote implementation of the campaign on a regular basis and try to acquire assistance and support from the international community for this work. At the same time, they must inspect and see to it that the management and utilization of aid money, materials, equipment, and vehicles of all types are carried out in accordance with the objectives and in an effective manner. The Ministry of Public Health has the duty to report back to all provinces on the percentage of actual implementation of the inoculation campaign throughout the country in each quarter.
11. The Ministry of Public Health, the public health services of all provinces and municipalities, and public health offices of all districts must regard the inoculation campaign as a duty under their respective jurisdiction. They must urgently coordinate the upgrading and reorganizing of the organizational apparatuses and personnel in charge of executing inoculation work in proportion with the volume of actual work. They must be able to administer and manage this work in the localities under their responsibilities from the central down to grass-roots levels. They must recruit enough personnel at each level, ranging down from the central level. At the same time, they must regularly provide technical and academic advice downwards to medical personnel. Should a province or district encounter difficulties or experience weak points, efforts must be made to promptly resolve such problems.
12. In the immediate future, the Central Commission for Mothers and Infants must convene a meeting of chairmen of the provincial committees for mothers and infants, chiefs of the provincial and municipal public health services, and chiefs of the provincial

and municipal inoculation programs throughout the country in order to profoundly study and popularize the policies, programs of operation, and objectives for each year beginning in 1993 and the years to come. In each coming year, a meeting should be periodically held to draw lessons from this work.

13. All ministries concerned, ministerial-level organizations, provincial governors, the Vientiane municipal lord mayor, and the person in charge of the Sianghon-Hongsa special zone must strictly implement this instruction together.

NEW ZEALAND

Government Defends Inaction Over Infected Blood

BK2411125792 Hong Kong AFP in English
0457 GMT 19 Nov 92

[Text] Wellington, Nov 19 (AFP)—Health Minister Simon Upton denied Thursday allegations the authorities had knowingly supplied hepatitis C-tainted blood to haemophiliacs, saying many caught the virus before it was even identified.

Upton's statement followed a Television New Zealand (TVNZ) report Wednesday that the government's non-screening policy meant a contaminated clotting agent had caused 70 percent of the country's 350 haemophiliacs to catch hepatitis C. Health officials were aware of the risk of using the Prothrombinex, or Factor IX, TVNZ alleged.

Upton refused any comment Wednesday, but said Thursday hepatitis C was only identifiable in the late 1980s and that it was "possible that many of those infected today were exposed to the virus well before it could be identified."

Hemophilia Society president Mike Mapperson made the allegations that Factor IX had infected haemophiliacs with hepatitis C, which could lead to cirrhosis of the liver and an increased chance of liver cancer. Many other countries started screening for the virus in 1990, he said.

Upton countered that blood available in New Zealand was among the safest in the world. He said the fact that more than 70 percent of Australia's haemophiliacs also had hepatitis C—although it introduced testing kits before New Zealand—"indicates that hepatitis C infected many haemophiliacs before testing was possible."

He acknowledged the health department had been advised of the need to test blood donations in 1990, but said it had felt the available kits were not sufficiently reliable. This changed late last year when more advanced kits became available, he said, adding he had then promoted testing.

Opposition Alliance MP and medical doctor Hamish MacIntyre said Thursday that Upton knew of the dangers as early as May 1991, alleging he had been told funding decisions needed to be taken when he took the

matter up with the health minister. Testing would have cost 1.75 million New Zealand dollars (910 million U.S.) a year, he said.

"The tragedy is that many people are now infected because New Zealand has reacted more slowly than other countries, and it seems to be because of economics," MacIntyre said.

Auckland haemophiliac Mark Lewington, who contracted hepatitis C from Factor IX, said the government had known for two years that people could be at risk, but "didn't want to spend the money." Screening had only been introduced now "under extreme pressure" he said.

The reports follow a blood transfusion scandal in France, in which the state continued using blood known to be infected with human immune-deficiency virus (HIV). A court convicted three former senior health officials in October for fraud and negligence for knowingly allowing contaminated blood stocks to be distributed to haemophiliacs in 1985. The tainted blood infected about 1,200 people, of whom about 300 have since died.

THAILAND

Dengue Fever Vaccine Produced

93WE0246A Bangkok BANGKOK POST in English
7 Jan 93 p 6

[Text] Doctors here have produced a new vaccine for dengue fever which has already been approved by the World Health Organisation (WHO).

Mahidol University doctors have become the first group of physicians to develop a vaccine for dengue fever, University Rector Pradit Charoenthaithavi announced yesterday.

Dr. Pradit said a research programme on dengue fever began in 1980.

He told the BANGKOK POST that since dengue fever is caused by four viruses, there should be four different vaccines to cure the disease.

Nath Phamornpravat, head of the research programme, said the new vaccine produced by Thai doctors would be useful not only for Thai people, but also those in other countries.

Dr. Nath said the vaccine would be produced on a large scale in the next two years.

The vaccine has been tested on 200 people in the country and abroad and has proved successful, even with children aged between 12-15 years, Dr. Nath said.

He added that the vaccine is to be tested on children under one year old.

First Hepatitis A Vaccine Approved*93WE0395 Bangkok BANGKOK POST in English
21 Apr 93 p 6*

[Text] The Ministry of Public Health has approved the use of the world's first hepatitis A vaccine in this country.

Smith Kline Beecham Pharmaceutical held a press conference yesterday to introduce the vaccine, Havrix, which has been approved by many Asian countries because of the increasing number of cases.

The vaccine took over 10 years to develop and has been tested on more than 25,000 volunteers in 20 countries, including Thailand. It will initially cost 900-1,000 baht per dose, but the price will gradually fall.

There has been an increase in the number of reported cases of hepatitis A in Thailand, especially in the South.

According to the vice-rector of Mahidol University, Prasert Thongcharoen, this is mainly due to a weakening of natural immunity against the virus. With development the rate of natural immunity falls because people are exposed to fewer sanitary problems.

Hepatitis A was previously common among children, but these days it tends to hit adults aged 25-45 whose nutrition is not good, Professor Prasert said.

Humans are exposed to the hepatitis A virus through food and water, especially frozen comestibles that are not up to standard. The virus is highly contagious and spreads like diseases such as typhoid and cholera.

It takes two to three weeks to heal among children, whereas in adults it takes four to twelve weeks. Although most patients recover completely, about 20 percent suffer a relapse. Some patients develop life-threatening fulminant hepatitis and die.

Early symptoms include fever, anorexia, nausea, vomiting, fatigue, headache, jaundice and abdominal discomfort.

The incubation period for the virus is generally 2-4 weeks, during which patients are capable of transmitting the virus to others although they may not yet display any symptoms.

Heroin Addiction Increases in North; Trafficker Arrested*BK1905013193 Bangkok THE NATION in English
19 May 93 p A2*

[Text] Heroin addiction among hilltribe people continues to rise, with official surveys finding between 20 and 30 percent of the village population using the drug.

A few years ago, the average addiction rate among northern hilltribe villages was 5-10 percent, said Charun Chitthiwutthikam, director of the Chiang Mai-based Northern Narcotics Rehabilitation Centre.

"Now surveys show that 20 percent of hilltribesmen have become addicted to heroin. In some villages it is 30 percent," said Charoon.

He attributed the alarming situation to the great availability of "readymade" heroin.

"Hilltribesmen don't know how to mix chemical substances. This readymade heroin makes it easier to consume. The prices are also cheap," Charun said.

One-third of the highland drug addicts are intravenous users. A disastrous consequence is the rapid spread of Aids.

Twenty percent of the hilltribe intravenous heroin addicts have been infected with the Aids virus, according to Charun.

"If urban heroin users are unhygienic, hilltribe people are worse," he said.

Currently some 1,150 hilltribe drug addicts are being treated at a drug centre based in Chiang Mai's Mae Rim district, 35 percent of whom are opium addicts, while almost 14 percent are addicted to heroin.

Anchali Pholkliang, an official of the Impact Association which is assisting hilltribe programmes on culture and education, said that while "tradition" had previously been the major cause of drug addiction among hilltribe people, "social pressure" is emerging as a main reason why the highlanders have turned to drugs.

She said hilltribe families have faced constant threats of relocation and complicated problems concerning their nationality and citizenship.

"They are feeling oppressed and bored. This kind of social pressure turns them to drugs," she said.

Unemployment and urbanization have also contributed to the growing rate of drug addiction, Anchali added.

Police have arrested a man wanted in connection with two major heroin trafficking cases in 1986 and 1987, a senior police officer said yesterday.

The man, Meng Sakhunwatthanachai, was also suspected to have close links with Shan State drug kingpin Khun Sa said commander of Narcotics Suppression Command 2 Pol. Maj. Gen. [Police Major General] Wirat Chuthimit.

The suspect was arrested on the night of 14 May at a housing estate on Ramindra Road, in Bang Khen district of Bangkok, the officer said.

Police issued an arrest warrant for Meng in connection with the confiscation of 315 kilogrammes of heroin at the Bangkok Port on 30 December 1987.

Three men were arrested at the scene after the heroin was found hidden in boxes of chopsticks bound for the United States via South Korea, Wirat said.

Meng was also wanted for his suspected involvement in the trafficking of 700 kilogrammes of heroin base seized from a fishing boat in the Gulf of Thailand off Chumphon province in 1986, the commander said.

Police believed the suspect had sought a hideout in an area under Khun Sa's protection after the 1987 drug trafficking case.

REGIONAL AFFAIRS

Visegrad Countries Not Planning EC Meat Ban Countermeasures

AU1904140493 Prague CTK in English
2059 GMT 16 Apr 93

[Text] Prague April 16 (CTK)—A meeting of the Visegrad Grouping to deal with joint countermeasures against the European Community (EC) embargo on meat imports is not under consideration, Czech Foreign Ministry Official Karel Kovanda said today.

This ensued from a meeting of diplomats and agricultural experts from the Visegrad Grouping (Poland, Hungary, Slovakia, Czech Republic) held today in Prague.

The Visegrad Grouping representatives agreed on closer and more frequent contacts of their veterinary services. The Czech Veterinary Service submitted a proposal of this arrangement. I presume that the other countries will voice their consent during the next week, Kovanda said.

The proposal regards the immediate exchange of information as soon as the veterinary services in the Visegrad Grouping countries find anything dangerous.

One of the Hungarian delegates said that the foot and mouth disease did not occur only in southern Italy, but four cases allegedly also appeared in the north of the country, Kovanda said.

Poland will likely decide on April 19 whether it will lift the embargo imposed on the imports of animals, meat and dairy products from the Czech Republic.

Czech Premier Vaclav Klaus said on Thursday [15 April] that his Polish counterpart, Hanna Suchocka, had promised him in a phone conversation that the import ban would be lifted on April 16.

Kovanda said that Poland imposed the embargo on Central and Eastern European countries as well as EC countries, because it needed to react immediately and radically, and wanted only afterwards to analyse whether, to what extent and against whom this step had been necessary.

Slovak Official Predicts Lifting of EC Meat Embargo

AU2204125793 Prague CTK in English
1832 GMT 20 Apr 93

[Text] Prague April 20 (CTK)—The European Community (EC) embargo imposed 8 April on East European meat and dairy products will be lifted Wednesday [21 April], Chairman of the Slovak Chamber of Trade and Industry Pavol Mihok predicted in an interview with CTK today, during his visit to a trade fair in Brno, Moravia.

The EC action would be applied to the Czech Republic, Slovakia and most likely to Poland, Hungary and the Baltic Republics, he added.

Mihok excluded Romania and Bulgaria where the reason for the embargo, an incidence of the foot and mouth disease, was still not under control.

Mihok said he based his prediction on his trip to Brussels last Thursday [15 April]. As the head of a Slovak delegation, Mihok discussed the embargo with EC officials.

CZECHOSLOVAKIA

EC Meat Embargo

Veterinary Official Sees No Quick End To EC Meat Embargo

AU2204125993 Prague CTK in English
1941 GMT 20 Apr 93

[Text] Prague April 20 (CTK)—Judging from the standpoint of European Community (EC) officials, it is unlikely that the EC embargo on Czech meat and dairy products will be lifted anytime soon, Deputy Chief of Czech Veterinary Administration Leos Celeda told CTK today.

At last week's talks in Brussels, EC officials took a hard position on the embargo and denied that it was a commercial decision, Celeda said.

As for the declared reason for the ban, the outbreak of foot and mouth disease in Italy, Celeda said, that his office had not yet receive an expert analysis of the cause from the EC.

The EC Veterinary Commission is slated to meet in Brussels for four days starting today and will recommend measures to be taken by the EC concerning the outbreak of the disease, Celeda added.

A new EC policy is expected to be implemented at the meeting in order to prevent recurrence of the problem. All meat importers will have to submit veterinary certificates to entry points two days in advance. These certificates will have to be signed by government veterinary officials, Celeda said.

Dlouhy Voices 'Disenchantment' With EC Meat Embargo Policy

AU2604152393 Prague CTK in English
2152 GMT 22 Apr 93

[Text] Brussels April 22 (CTK correspondent)—Great disenchantment with the policy of the European Community (EC), which banned exports of meat, animals and dairy products from Central and Eastern Europe, voiced Czech Economics Minister Vladimir Dlouhy [as received] in a talk with EC Agricultural Commissioner Rene Steichen in Brussels today.

Dlouhy, who arrived in Brussels for a several-hour visit, told Steichen that the Czech Republic could hardly understand the political scope of the embargo, which was imposed on 8 April, as it applies, for example, to the Czech Republic, but not to Austria.

Dlouhy also stated that according to the Czech information, the source of infection was found in Italy. Steichen responded that it had been introduced to Italy. Both politicians agreed that even if it had been introduced to Italy, it was surely not from Central Europe.

I had to call this move unhappy, as it does not contribute to the good relations between the EC and the associated partners, Dlouhy told CTK.

In general, Steichen did not accept Dlouhy's arguments. He explained the embargo by the EC internal situation and by the fact that the Twelve had to react to the introduction of the foot and mouth disease to Italy. He also informed Dlouhy about the session of the Permanent Veterinary Committee of the EC Commission which was preparing proposals which might result in easing the ban, if certain conditions are met.

These include notification of all the deliveries; tightening of checks, implementation of the bar codes for the veterinary certificates to prevent their forging, and a 15-day quarantine of the live animals.

After the talk with Steichen, Dlouhy told CTK that even if the embargo is lifted, the subsequent conditions would substantially worsen the terms for the exporters.

However much the ban may be eased, the problems would remain basically the same, Dlouhy said. He added that he was given no satisfactory response to his question when the ban could be lifted.

He was just assured that the EC Commission wanted to arrive at this decision. But this depends on the technical conditions for the implementation of the new certificates to prevent the problem from repeating.

Klaus Airs Views On European Cooperation, EC Meat Ban

*AU2604195993 Prague CESKY DENIK in Czech
23 Apr 93 pp 1, 13*

[Article by Czech Prime Minister Vaclav Klaus: "European Snags and Meat"]

[Text] Any sensitive observer of the political development in Europe certainly knows (and an active observer even more so) that the troubles in the meat trade are not being caused primarily by veterinary problems, but are a reflection of the situation in today's Europe, and of the existing tension between pan-European efforts toward unification on the one hand, and nationalist trends toward more individualization on the other.

This dispute, this paradox, is as old as Europe itself, and any illusions that it could be overcome just now, in the last decade of the 20th century, are erroneous.

It is symptomatic that, as early as in 1992, our first president, T. G. Masaryk, felt exactly the same way: "In Europe, we must harmonize centralist forces and forces seeking autonomy. The unity of Europe depends on this harmonization. Unity is not uniformity, however. There are ethnic and cultural differences in Europe. Throughout its development over thousands of years, Europe has developed this variety, and this is why unity should be organized on historical principles, and also according to natural variety, of national and other types." This is why Masaryk refuses "to speak with contempt about the Balkanization of Europe", and suggests "various old-style centralist prescriptions for the unification of Europe. This would mean a misunderstanding and ignorance of the European continent." Masaryk, as a realistic politician, knew that the trends in both directions are "natural historical processes" reflecting "the efforts of individual countries and states to intensify their political and cultural life."

The centralist trend usually persists until it meets with resistance resulting from the interest of this or that country. The massive ban of April 1993 is a perfect example of the situation in which the specific interests of individual countries (or influential groups within them) completely prevailed over abstract, more general interests (or ideals) and universal solutions. Of course, this calls for a rethinking of the principles and foundations of the overall European integration process. Today, should we try to strive for maximum unification, or seek the highest common denominator again, and leave everything else aside?

I have good reasons for my conviction that the common denominator for each and every conservative (and pragmatic) thinking man are the pan-European government, a pan-European currency, pan-European standards for the shape and size of beer and wine bottles, a single pan-European citizenship, a common pan-European social legal system, and suchlike. I fully agreed with Margaret Thatcher when she said in Washington in 1991 (I was lucky enough to be there at that time): "Free trade is the fastest form of international cooperation." Free trade is a guarantor for economic efficiency and cooperation in the name of common interests of all of us, a guarantor for political decentralization and the limitation of state powers and state bureaucracy.

As always, it seems that we have to deal not so much with differences over basic principles but with different opinions as regards the time schedule. However, this is not the absolute truth, and we have exceptional experience with it in our economic reforms. We have not given any room to perestroika-type reformists, we have not started to restructure our enterprises (through a central order without real prices and market climate) followed by the liberalization of prices and foreign trade, that is, we have not begun

blocking the market, but, on the contrary, we have liberalized it. The situation in Europe is similar, and the dispute is going on between the same political forces—protectionism and free trade reflect different political and economic philosophies, and the varying extent of the dominance of particular interests over general interests, whose enforcement in individual countries is in direct connection with the general and prevailing ideology and the courage of politicians to defend it.

We know well that there is no other road—protectionism is not our road to take—and we know that the unpleasant situation that has arisen must be solved by standard political methods. To push for isolationism because we have been offended, or seek tough measures, is not a constructive attitude and we ourselves would have to pay dearly for it. We should note that this is exactly what the opposition is demanding from us—they are calling for our isolation from the developed countries of Western Europe. Communist Party Chairman Jiri Svoboda said in his recent letter to me that he would like to implement "tough steps toward the protection of our economy," and to "take various retaliatory steps", and he mentions the "deep economic recession of the Western world." If he wants a change in our foreign policy, then I must ask whether he means that we should forget the West and orient ourselves toward the states of the former USSR. I asked Mr. Svoboda in my written reply how he would describe the situation in the successor states of the former USSR, if he calls the situation in the Western world a deep economic recession.

The fact that there are small wins and losses of this or that party in the uninterrupted confrontation among liberalism, etatism, commonsense, dogma, and truth and lies can be no reason for panic, precipitate action, or unilateral shifts in the way we think. I am still hoping that some people have become sober—somewhat, at least—and came to the understanding that it is not foot-and-mouth disease, but Europe that is involved here.

Veterinarians Ban Livestock Imports From Ex-Soviet Union

*AU1005111493 Prague CTK in English
2012 GMT 6 May 93*

[Text] Prague, May 6 (CTK)—The State Veterinary Board (SVS) of the Czech Republic has banned the import and transit of live animals at risk of getting foot and mouth disease and swine vesicular disease as well as foodstuffs and agricultural substances which might bring infections from countries where these diseases occur.

The ban also concerns the transit of livestock from the republics of the former Soviet Union.

The document was signed by Czech Agriculture Minister Josef Lux and SVS director Antonin Kozak.

The board adopted this measure after the assessment of the situation in Europe in connection with the occurrence of foot and mouth disease in Italy, swine vesicular

disease in Italy, the Netherlands, Belgium, and Spain. The board also took into consideration the measure undertaken by the European Community's Permanent Veterinary Commission.

The board has also imposed strict veterinary controls of animals and meat and dairy products imported to the Czech Republic or being transferred to other states via the Czech Republic.

POLAND

Lifts Ban on Import of Czech Meat

*AU2704155193 Prague CTK in English
1234 GMT 23 Apr*

[Text] Warsaw April 23 (CTK correspondent)—The Polish Agricultural Ministry lifted today the ban on the imports and transit of live animals and untreated meat products from the Czech Republic, Slovakia and Romania, a Polish Agricultural Ministry spokeswoman told CTK.

Poland imposed on 9 April an embargo on the imports of meat and animals from the Czech Republic and other Central and Eastern European countries following the same move by the European Community (EC). But the Polish embargo, unlike that of the EC, did not regard dairy products.

The lift, which comes into force at 12:00 p.m., means that starting from Saturday [24 April] it is possible to export again to Poland animals and meat from the Czech Republic.

The lifting of the meat embargo followed the reception of the Czech, Romanian and Slovak veterinary documents testifying that foot and mouth disease did not occur in these countries and that the animals were not inoculated against it.

Polish Premier Hanna Suchocka promised to the Czech Premier Vaclav Klaus to lift the embargo as early as last Friday, but in the meantime Great Britain cast doubt on the imports of animals from the Czech Republic.

Poland then lifted the ban on meat imports only from Hungary, awaiting the clarification of the veterinary situation in the Czech Republic.

Chairman of the Press Section of the Polish Government Jacek Kozlowski told CTK that Poland strived for the best possible relations with the Czech Republic but it could not place political interests above the veterinary problem. The latter has now been solved.

YUGOSLAVIA

Serbs Confiscate Tents, Heaters From Srebrenica Aid Convoy*AU2304132293 Paris AFP in English
1320 GMT 23 Apr 93*

[Excerpts] Geneva, April 23 (AFP)—A United Nations relief convoy arrived in the eastern Bosnian town of Srebrenica Friday [23 April] while another convoy was trying to reach the central Bosnian town of Zenica, a UNHCR spokeswoman here said.

The 10-truck convoy for Srebrenica left Belgrade Friday morning and was stopped at the Serb border town of Zvornik where troops confiscated 96 tents with portable heaters from one truck.

Lyndall Sachs, spokeswoman for the United Nations High Commissioner for Refugees (UNHCR) in Belgrade, said the Serbs took the equipment on the pretext that it could be used for military purposes.

She said the tents and heaters were earmarked for refugees who have had to live in the street under tough weather conditions in Srebrenica.

Meanwhile Sylvana Foa, a UNHCR spokeswoman in Geneva, said a 17-truck convoy headed to Zenica under escort by Dutch UN troops, but warned heavy fighting in the region might prevent it reaching its destination.

Foa said the convoy that arrived in Srebrenica was not expected to evacuate any of the town's civilians who no longer feel threatened by the Serbs since UN forces arrived there on Sunday.

"They obviously want to stick around at least until next spring," she said, citing reports she has received from UN representatives in Srebrenica. "The mood has changed, people are smiling.

"They don't look at trucks anymore," she added. "They feel safe with the presence of UN Protection Force personnel." [passage omitted]

Foa added, however, that the enclave remained overpopulated and that sanitary conditions were poor with water in short supply.

She said the majority of the population, which mushroomed when refugees fled other enclaves into Srebrenica, was infested with lice and scabies and an typhus epidemic was feared. [passage omitted]

Suspended From World Health Organisation*AU0305163093 Paris AFP in English
1427 GMT 3 May 93*

[Text] Geneva, May 3 (AFP)—The World Health Organization Monday suspended Serbia and Montenegro from the UN body, ruling they could not continue to hold the seat of the former Yugoslav federation and had to reapply for admission.

The suspension motion was presented by Denmark, which currently holds the European Community's rotating chairmanship, on behalf of the E.C.

The only countries voting against it were Russia and Zimbabwe as well as Serbia and Montenegro themselves, which formed a federation following the collapse of the former five-republic Yugoslav federation.

A total of 125 countries voted in favor and 26 abstained.

The Russian delegate argued that it was wrong to inflict more punishment on the rump Yugoslavia, already stung by virtually complete commercial isolation under UN sanctions, given the federation's role in persuading Bosnian Serbs to sign a peace agreement Sunday in Athens.

The UN General Assembly suspended the smaller Yugoslav federation in September 1992 on identical grounds.

Before the vote here, Yugoslavia's WHO delegate Vladimir Pavicevic urged member states not "to participate in a crime against the people of my country." He said the suspension would lead to "the slow death of millions of people. Already babies are dying in hell."

Cosic Discusses Impact of Sanctions on Public Health*AU1705175293 Belgrade Radio Beograd Network
in Serbo-Croatian 1330 GMT 17 May 93*

[Text] Consultations are being held on the impact of the sanctions on public health. Represented are the federal government, the federal and republic health ministries, and the Doctors' Societies of Serbia and Montenegro. The meeting was opened by Dobrica Cosic, president of the Federal Republic of Yugoslavia. Ruzica Zorkic reports:

Zorkic: Concluding that the collective political mind has transformed itself into a court of inquisition and that conscience and shame are dead, the Yugoslav president explained the situation in which Yugoslavia and the entire rest of the world have found themselves as rule by nihilism of the everything-is-allowed type. He described the internal and external effects of the sanctions.

Begin Cosic recording: I am convinced that the blockade, isolation, sanctions against Serbia and Montenegro, and the demonization of the Serbian people is a reflection of the new, universal totalitarianism, this is, the beginning of a new international tyranny, corresponding to a lack of freedom, independence, and equality among nations.

Allow me to express my concern about internal sanctions in regard to public health, now and in the future. In some ways, these internal sanctions can be more dangerous to the physical and moral health of our people than the sanctions imposed by the Security Council and the EC. I am referring to the emergence of indifference toward the moral and social principles of the medical profession, which is currently spreading in your profession. I am referring to private physician fees being calculated only in German marks, and to bribery in hospitals and health centers. I am referring to the infection of speculation and embezzlement against the ill and unfortunate, which is spreading among pharmacists.

These internal sanctions in our health service, economy, education, judiciary, and public security, the sanctions in all of society and all state and party (?policies), as the inevitable consequences of the sanctions and the isolation of the Federal Republic of Yugoslavia, threaten to become additional and even the primary destructive and

pathological threats to our social and state structure. We must not keep quiet about this any longer. *end recording*

Zorkic: In the discussion that followed, the participants presented data which is hardly optimistic. The birth rate is expected to continue falling until 1994 and the mortality rate is going to increase. An increased death rate among infants is particularly likely. There will be an increase in miscarriages, malnutrition, and all chronic and epidemic diseases.

The findings of the epidemiologists offered somber predictions, too. In addition to controlling the otherwise routine infections, like influenza, which is becoming increasingly difficult, we can expect the reemergence of diseases that had been eradicated previously. The most serious is tuberculosis. The lack of all medical supplies, such as alcohol, gauze, medicines, parts for medical equipment, and the raw materials for the production of basic medicines, [words indistinct] in the quality of work, work discipline and the relationship between doctors and patients, who, according to research, are still at [word indistinct] level.

In addition to the experts from the major health institutions, the consultations are attended by representatives of the UN High Commissioner for Refugees and the Red Cross. The meeting should end today. The conclusions will be published.

ARGENTINA

New Official Appoints Cabinet; Measles Campaign Planned

PY0505153793 Buenos Aires PAGINA/12 in Spanish
27 Apr 93 p 14

[Text] Health and Social Action Minister Alberto Mazza began his tenure by launching a vaccination campaign against measles for 9 million children from one to 15 years old. After swearing in his cabinet, the minister announced that this vaccination program will begin 17 May and end in late May. The minister also confirmed that heart surgeon Rene Favalaro will become Health Ministry ad hoc adviser.

Discussing the future and the performance of his predecessor, Julio Cesar Araoz, Mazza emphasized: "The efficiency with which work was done in 1992 and so far this year will be increased." Nevertheless, Mazza admitted that the country "has many shortcomings as far as control of foodstuffs and medicines is concerned." Thus, he indicated that the future Food, Medicine, and Technology Administration [Administración de Alimentos, Medicamentos, y Tecnología] will be a "top priority."

The minister said public hospitals are one of the main problems that he intends to solve quickly. In this regard, the brand-new minister indicated that this issue is "several decades old." In his opinion, this issue will begin to be solved through the recently created "self-managed hospitals" ["hospital de autogestión"] that force social benefit organizations to pay for the services state health centers provide their members.

Minister Mazza's cabinet includes Hector Garcia Cuerva as vice minister; Oscar Gonzalez as social action secretary; Julio Calcagno as health affairs secretary; Nora Bricchetto as housing and environment quality secretary; and Lidia Domsic as head of the Senior Citizens Secretariat.

BRAZIL

Deteriorating of Public Health Conditions Viewed

93WE0369A Sao Paulo VISAO in Portuguese
31 Mar 93 pp 16-18

[Text] The worsening of the cholera epidemic that is sweeping through the Northeast and advancing into the states of the Southeast is yet another chapter in the deterioration of public health conditions in Brazil. In the past 25 years, this country has seen a resurgence of diseases that had seemed to have receded into history, and that have been eradicated in the more developed nations. Malaria, dengue [breakbone fever], meningitis, leprosy, and tuberculosis are just a few examples of maladies that seem to be taking the Brazilian population back to the early days of this century.

This situation is the natural result of years and years of meager government investments in the health field and in basic sanitation projects. At last week's cabinet meeting with President Itamar Franco, Minister of Health Jamil Haddad said sanitation is the main weapon against cholera. He acknowledged that the Cr\$9 trillion provided in the 1993 budget proposal is not enough to fund the battle against the cholera epidemic.

A comprehensive plan to improve sanitation in the Northeast has been prepared by the Ministry of Health, but implementation depends on obtaining funds from abroad. The plan would be executed over a 10-year period, at an estimated cost of \$9.9 billion. Until then, we can expect only emergency measures.

And that is what is happening, for example, in Fortaleza (see box), where the cholera epidemic has killed 22 people this year and is reaching even the city's most exclusive neighborhoods. Despite this, it is bickering that prevails, with Ceara Governor Ciro Gomes accusing Fortaleza Mayor Antonio Cambrá of exaggerating the statistics in order to get federal government money—as if a discrepancy of a few dozen in the figures on cholera cases would make a difference.

The Advance of Cholera in Brazil Number of Confirmed Cases, by State*



*Since April 1991, when the first case occurred in Tabatinga, Amazonas State. Source: Report by Ministry of Health, 18 March 1993.

Rio de Janeiro

The fact that as of Tuesday 23 March, the cholera epidemic had already struck 79 people in Rio de Janeiro (two of whom died), is still not sufficient to portray the extent of

the inertia that exists in government offices as regards public health in that state. With no drinking water, sewer systems, medicines, laboratories for diagnosis, or corps of health professionals, the great majority of *cariocas* and *fluminenses* live under a threat of death such as has not existed since the beginning of this century.

In that era, yellow fever, malaria, dengue, Hansen's disease, typhoid, hepatitis, leptospirosis, meningitis, and tuberculosis struck down millions of Brazilians. Today, the relationship between the economic crisis and the rural exodus has brought minor endemic diseases, or even epidemics, to the outskirts of the major cities.

According to the most recent IBGE [Brazilian Institute of Geography and Statistics] survey, there are 394 shantytowns [*favelas*] in the city of Rio de Janeiro, containing 203,226 dwelling units, or 12.4 percent of the total. In the capital of Sao Paulo State, there are as many as 594 *favelas*, with 134,448 dwelling units, or 5 percent of the total. Conditions are ideal for the spread of a wide variety of diseases.

In the opinion of National Secretary for Health Protection Roberto Chabo, given this situation, "only a miracle" would eradicate, in the short term, not only cholera but several other waterborne diseases. The sanitation expert estimates that approximately \$20 billion would have to be invested, mainly in basic sanitation, to make Brazil efficient in public health terms.

The Eternal Jeca

The precariousness of sanitation in Brazil led writer Monteiro Lobato, more than 50 years ago, to create the character he called "Jeca Tatu," an indolent and shiftless type who suffered from one of the most common diseases in Brazil, worm infestation, which now afflicts 60 percent of Brazil's population.

It is important to point out that the mortality rate from tuberculosis—1,100 people in 1991—brings back memories of the 19th century plague in Rio. Curable in as little as six months when treated with antibiotics, tuberculosis cases in Rio have reached levels exceeded only by those recorded in Amazonas and Roraima states, where there are more than 100 patients per 100,000 population.

The Superintendent of Public Health for the State of Rio accuses the Ministry of Health's Central Medical Supplies Exchange (CEME) of having cut back by 60 percent the supply of antibiotics used for tuberculosis patients. Therefore, about 40 percent of the sufferers have given up their treatments at the free clinics. Those figures led the Society for Pneumology and Phthisiology of Rio de Janeiro to charge that tuberculosis probably ranks second only to AIDS as the contagious disease that kills the most people in the state.

Leprosy

Another astonishing revelation, announced at the end of last week by the World Health Organization, names the Fluminense flatland region of Rio de Janeiro State (population about 3 million) as having the world's highest incidence of leprosy: 3.7 lepers per 1,000 inhabitants. Caused by a bacillus transmitted through the respiratory tract and directly associated with an absence of basic sanitation, inadequate diet, and carelessness with hygiene—leprosy, like tuberculosis, is a disease that can be cured quickly, provided the patient is monitored by medical personnel.

Now, less than three months before the onset of winter, when the incidence of meningitis tends to rise, Rio has no campaign to combat that disease. Between 1971 and 1975, 40,000 people in Brazil were infected with meningitis—30 percent of them in Rio, from which the disease was never completely eradicated after that period. Just since January of this year, 85 cases have been recorded in the state; 13 of the victims died.

After having been eradicated from Rio de Janeiro State in 1986, malaria, which is transmitted by the *Anopheles* mosquitoes and very common in the Amazon region, has returned to Rio. Last week, experts from the National Health Foundation found a colony of the insects in Luminar, 150 km from the state capital. Those infected included public health doctors from the Oswaldo Cruz Foundation, the institution responsible for developing a vaccine against malaria.

The *Aedes Aegypti* mosquito, which has already made Rio the home state of 80 percent of dengue cases, seems to have preferred other environments this past summer. Even so, the Rio de Janeiro city epidemiological office does not believe the disease is fully under control. What happened was that intensive work by the National Health Foundation, including the hiring of mosquito-killers for 13 *fluminense* municipalities, has caused such a sharp decline in the incidence of the disease that there was no epidemic this year.

Causes

A recent study by the State University of Rio de Janeiro showed that in the Jacarepagua flatland, west of Rio de Janeiro city, 75 percent of the residential sewage pours, completely untreated, into the 27 major rivers of the region through drainage ditches, canals, and even the sewer mains owned by the State Water and Sewer Company. In that same hydrographic basin, the State Foundation on the Environment detected the presence of huge quantities of the bacteria that cause typhoid fever, leptospirosis, botulism, and diarrhea.

The most recent statistics from the Ministry of Health, released on 18 March, show that cholera has already arrived in 636 Brazilian municipalities. Predictions are that the cholera vibrio will make its appearance in the most populous of these, Sao Paulo (population about 10 million), within the next few weeks, according to Municipal Secretary of Health Raul Cutait. Insisting that the health care network

is ready to receive cholera patients, Cutait stresses that "the important thing is to prevent the spread of the disease, especially in places where the population is more exposed to pollution."

One way to fight back is to have the population protect itself from the disease (150,000 educational pamphlets

have been distributed). Sometimes this can be done in very simple ways. A survey by the Institute of Food Technology proved that, like chlorine, wine vinegar is effective for disinfecting vegetables. After careful washing under running water, the vegetables should be left to soak at least 15 minutes in a solution of one tablespoon of vinegar per cup of water.

Country in Poor Health
The other epidemics that threaten Brazilians

Disease	Regions Affected	Annual Number of Cases Reported
Hansen's Disease	North, Northeast, & Southeast	25,000 to 27,000
Leishmaniasis	North, Northeast, some points in the Southeast	23,000 to 25,000
Malaria	Amazonas & Para States	530,000 (90% in Amazonia)*
Tuberculosis	Nationwide	60,000 to 80,000
Chagas Disease	Coastal areas (from Northeast to South)	5,000,000
Schistosomiasis	Northeast	4,500,000

*In the municipality of Puraquequara (rural zone of Manaus), an average of four cases are reported every day.

Source: National School of Public Health of Rio de Janeiro

[Box p 18]

The Worst Is Yet To Come

From the beginning of this year until Tuesday 23 March, 2,012 cases of cholera had been recorded in Fortaleza. Officially, the epidemic has now killed 22 people in this capital of Ceara state, where the disease has spread through 97 neighborhoods, including some upper-middle-class areas. Cholera arrived in Ceara last April; by December, there had been 808 cases in Fortaleza.

The Municipal Commission Against Cholera reports that the epidemic has not yet peaked, since the curves on the graphs depicting the occurrence of new infections are still rising. Fortaleza hospitals are already having trouble accommodating the growing number of cholera patients. In many instances, patients are cared for in the hallways because of a shortage of beds in wards and walk-in clinics.

The deaths caused by the epidemic in recent days demonstrate the conditions under which the cholera vibrio proliferates in the Ceara capital city. Most of the victims lived in areas that have no basic sanitation; many even close to rubbish dumps or next to rivers or lagoons where pollution has been observed at various points.

Along the Siqueira and Maranguapinho rivers that cut Fortaleza and pass through 12 neighborhoods where more than 400,000 people live, signs have been posted to prohibit swimming and fishing, or use of river water. The public receives brochures explaining how to avoid getting infected.

The recommendations are not always followed, however. Many residents continue to bathe and wash their clothes at polluted sites. They also carry the water home to their houses, since Fortaleza is under severe water rationing, having also been affected by the drought. To make matters worse, only 18 percent of the homes in the Ceara capital are connected to sewer mains.

The president of the National Health Foundation, Haroldo Teixeira, declared that cholera is "undergoing a resurgence in this country." And he termed the situation in Fortaleza, where the epidemic is worst, "critical and worrisome." The Foundation, along with the Ceara state government and the municipal authorities of Fortaleza, has assigned 2,000 agents and trained volunteers to an emergency anticholera campaign. Teams go house-to-house to distribute sodium hypochlorite and identify early cases of the disease, as well as to explain methods of preventing it.

Public Health Workers Strike Drags On, Patients Turned Away

PY2105031293 Sao Paulo O ESTADO DE SAO PAULO in Portuguese 20 May 93 p 17

[Editorial Report] Sao Paulo O ESTADO DE SAO PAULO reports in Portuguese on 20 May on page 17 in a 400-word unattributed article on the public health workers strike in the country, which already is 32 days old. It states that of the 42 public hospitals in Brazil, only 25 hospitals are operating emergency services, while 31 public hospitals are on strike. Of 8,000 doctors in the public health network, 6,800 are on strike, and 75,000 patients are turned away daily from public health centers because of the strike.

CUBA

Optic Neuritis Epidemic

Vice Health Minister Removed in Wake of Neuritis Epidemic

PA2304141393 Paris AFP in Spanish 1027 GMT 23 Apr 93

[Text] Havana, 23 Apr (AFP)—Hector Terry, vice minister for hygiene and epidemiology at the Cuban Public

Health Ministry, was removed from his post shortly after the existence of an eye disease attributed to a lack of vitamins was reported in Cuba, reliable sources stated.

The sources did not indicate the date or reasons for Terry's removal. They simply said it was "recent" and that it has not been officially confirmed.

The Health Ministry reported on 3 April that "optical neuritis," which produces a progressive and irreversible blindness, first appeared in Cuba in 1992 and had assumed "epidemic proportions."

Terry was in charge of hygiene and epidemiology at the Public Health Ministry and has accumulated vast experience since the 1960's. He was popular with the media, which affectionately called him "Doctor AIDS."

He was considered the architect of a program for the reclusion of people who tested positive for AIDS in special clinics. Although controversial, the program turned Cuba into a country where AIDS hardly spread: only 992 patients, 119 of whom have died, since the terrible disease appeared in 1986.

The official 3 April report said a vitamin deficiency, smoking, and consuming alcoholic beverages are three "risk factors directly associated to the origins" of optical neuritis.

According to observers in Havana, the consumption of alcohol and tobacco in Cuba is currently at its lowest level in recent years given the drop in production, but it is also the year in which fresh legumes and vegetables are scarce in the people's daily diet.

The report accused the United States of being "the main ally of this epidemic and its consequences," referring to Washington's economic, financial, and trade embargo against the Cuban Government, which "makes it difficult to purchase food and medicine."

The report omitted the numbers on this epidemic, but according to unconfirmed reports, it affects between 7,000 and 12,000 persons, particularly in the western part of the island.

The disease is known in other countries, but official sources say "Cuban" optical neuritis seems anomalous. The intensive research launched by government specialists faces the inexplicable causes for its disparate geographical manifestation.

Therapy eliminates the factors that worsen the condition (alcohol and tobacco) and demands an adequate supply of vitamin B.

The state-owned pharmaceutical industry began to accelerate the manufacture of up to 1.8 million tablets that will be distributed free of charge to the population starting in May.

Minister Details Optic Neuritis at World Health Meeting

FL0505003793 Havana Radio Rebelde Network
in Spanish 2300 GMT 4 May 93

[Text] Cuba is urging the international community to cooperate in the scientific arena in order to fight the optic neuritis epidemic which was first detected in 1992. It is related to toxic agents, vitamin deficiencies, and viruses. Cuba's position regarding this illness was expressed in Geneva by Vice Health Minister Jorge Antelo before the plenum of the 46th World Health Assembly where a resolution is being discussed calling for emergency aid in this regard. In a detailed address, the Cuban official stressed the concern of the Cuban Government and people regarding this epidemic which because of its severity, appearance, and propagation pattern is completely different from any other known in the extensive bibliography reviewed by Cuban scientists.

The Cuban Government, despite the critical economic situation the country is facing—intensified by the strengthening of the U.S. embargo toward the end of 1992 and the collapse of the USSR—has not skimped on resources and means necessary to fight the illness which has spread significantly during 1993. According to figures provided by Antelo, there were 25,959 cases as of 30 April. Of this, 19,820 were predominantly optic cases. Another 5,547 were peripheral and 301 presented other clinical forms. [figures as heard]

The head of the Cuban delegation described the results of the investigations conducted by specialists since the beginning of the outbreak in Pinar del Rio Province. The characteristics of optic neuritis, when first detected, were reduction or loss of sight and diminished color perception. The scientists described this as severe damage. According to Antelo, researchers looked for the causes in pesticides, alcohol and homemade beverages, and other toxic agents related to agriculture because most of the cases appeared in rural areas and among farmers. However, polls conducted at that time were unable to correlate any external factor to the appearance of the disease and the prevailing thesis was that of nutritional tobacco etiology since 92.8 percent of the patients were smokers.

Vice Minister Antelo added that in the midst of the embargo and the loss of trade accords with the former USSR, in addition to recent atmospheric adversities, the Cuban Government has had to redouble its effort to acquire and build the equipment necessary to improve the diagnosis of this neuropatia and complete therapeutic studies. The Cuban official gave a detailed presentation during the discussion of sanitary development in a world in transition. Antelo affirmed that this issue is presently the cause of sleepless nights and suffering among developing countries in which living standards are not endangered, but life itself is

Government Wages Battle Against Optic Neuritis

PA0805213793 Havana Radio Havana Cuba in Spanish
0000 GMT 7 May 93

[Commentary by Roberto Morejon]

[Text] The Cuban state's strategy against the outbreak of optic neuritis is being applied in its entirety and experts are doing everything within their power to discover the origins of the disease, which due to its severity and propagation, differs from the other diseases listed in revised bibliographies.

At the beginning of April, medical authorities confirmed the presence of optic neuritis on the island. In most cases this disease is characterized by a gradual loss of sight, although some people experience problems of the peripheral nervous system and of sensitivity, muscular limitations, dizziness, and other symptoms.

So far Cuban scientists believe optic neuritis may originate from multiple causes that could be linked to toxic agents, vitamin deficiencies, and the presence of viral agents. Nevertheless, several theories are being studied to conclusively explain all the factors that may unleash the disease.

While research continues, the possibility has not been dismissed that the disease may have been deliberately introduced from abroad. The Cuban Health Ministry has placed its vast assistance network on alert to treat patients stricken with the disease and to take preventive measures with the healthy. In addition to admitting optic neuritis patients to hospitals in order to administer vitamin therapy to them free of charge and to end their toxic habits, the health authorities have instructed family doctors to closely follow the evolution of patients once they are released from the hospital, and to implement a preventive program among the rest of the population.

As was announced, community doctors distributed 30 A and B vitamin complex and folic acid tablets to every Cuban free of charge, while over the next six months the conditions will be created to repeat the distribution. The efficient plan to reverse the epidemic has been made possible only at considerable expense to the state, which guarantees the acquisition, air transportation, production, and delivery of the essential raw materials to fabricate the vitamin supplement and establish adequate means of diagnosis.

The strategic treatment of optic neuritis is also supported by a complex network of health centers, laboratories, and pharmaceutical companies, as well as by Cuba's own medical community, which has over 46,000 doctors, all of whom are highly specialized. The well-structured response has been tested in previous campaigns against hemorrhagic dengue, AIDS, plagues, and other epidemics that have affected agriculture and cattle. Some of these diseases have shown unusual and suspicious patterns.

Interview With Castro

FL1005003293 Havana Tele Rebelde and Cuba Vision
Networks in Spanish 1700 GMT 9 May 93

[Interview with President Fidel Castro by unidentified reporter in Santiago de Cuba on 8 May—recorded]

[Text] During the afternoon of 8 May, Commander in Chief Fidel Castro Ruz visited two hospitals in Santiago de Cuba to check on the condition of patients affected by the optic neuropathy. Fidel arrived at 1700 at the Saturnino Lora Hospital. There, he talked at length with people affected by the epidemic, some of whom are health sector workers. Upon exiting the hospital, Fidel held his first meeting with the press.

[Begin recording] **Reporter:** There is really a lot of speculation in Cuba and despite the trust the people truly have in our health system, I believe it would be opportune to have your opinion on this illness and the trust the people should have.

Castro: I am, like the doctors and the research centers, following everything very closely, gathering all the information, and making the greatest effort we can with the information we have.

Reporter: Recently, Cuba asked the international community for help. What has been the response? What does Cuba expect?

Castro: Well, we have also asked for help from the Pan-American Health Organization and the WHO, international organizations dedicated to these activities to support the effort we are making. We expect cooperation in the scientific sphere and also cooperation with medicine. We have to conduct thorough research before we can say the final word about all of this. We cannot say the final word yet. We have to continue studying all the possible causes of this illness. That is what we are doing. I knew that here in Santiago de Cuba, the illness is more acute than in other provinces. This is why we sent a team of doctors and scientists to carefully examine all the cases. We wanted to make a trip here, visit the hospital, and speak with the patients. I have also been told of improving conditions as the treatment is improving in a noticeable manner. I have talked with many patients and they are responding to the treatment. Of course, we are trying to perfect treatments because this illness behaves in an anomalous manner. It is not described in books. We are decisively and strongly confronting it. We are keeping a close tab on everything without wasting a single minute or second. The best minds in the country are working on this.

Of course, I believe that what has been published on this issue is correct. We cannot issue unfounded theories; each theory has to be substantiated by research. Meanwhile, we are confronting the illness and have the positive result that the patients are responding to treatment.

Reporter: Thank you very much commander. Are you continuing your trip?

Castro: Yes, I am going to visit other hospitals. I want to know as much as possible how this entity—as the doctors call it here in Santiago de Cuba—is evolving. *[end recording]*

Fidel is being accompanied by Esteban Lazo, the first secretary of the Communist Party of Cuba in the province, and Public Health Minister Julio Tejas. Next, they proceeded to the new general hospital in Santiago de Cuba. They toured the sections allocated to treat the different clinical manifestations of this illness, inquired about the health of the patients, their progress, and the care received. The group also met with Santiago de Cuba doctors. Afterwards, Fidel once again talked with the press.

[Begin recording] **Castro:** I wanted to come here because I knew that in Santiago de Cuba, which was one of the last provinces affected, the illness had certain particular, peculiar characteristics. We wanted to come personally. We have sent doctors. We have paid the greatest attention to the situation in Santiago de Cuba. There are certain differences here. There are fewer cases of polyneuritis....*[corrects himself]* more polyneuritis and fewer optic neuritis cases.

We are also studying its possible origins but this will take time. The best prepared, best trained people in Cuba are studying this; you could say, are committed to this. They are studying the different theories we have mentioned in the media: What factors have an influence, if there are factors which have more influence than others, or if it is the result of several factors.

This topic has to be carefully analyzed to avoid venturing unfounded theories. Everything has to be studied, all the cases, all the patients. An infinity of....*[changes thought]* A great diversity of treatments are being tried. They are using ozone gas, hyperbolic chambers, steroids, and magnetic therapy in addition to vitamins. Different procedures are being studied to find out which have the best result in terms of treatment. They are thoroughly studying the causes; from biological causes, to nutritional and toxic causes. They are being studied very carefully. The characteristics of this illness are different from those in the books. It is anomalous. It is strange.

Reporter: That is what is perhaps so disconcerting.

Castro: Well. It is unlike the cases in the books. It has symptoms which might make it seem like something else. But in this epidemic form and with these characteristics, it is not known. This was mentioned in Geneva before the WHO, of which we asked for support.

We are not going to be happy with our efforts alone, and the effort of our research centers, and the many trained people we have. We have also asked for the help of the international community in research as well as in the treatment of this illness to find out if this is a new type of illness. We have not been to identify this, based on the professional experience.

Reporter: Maybe we can make an effort and it will serve to prevent this from happening in other countries.

Castro: I believe the effort we are making has to help many other countries. But I do not want to put forth theories because it is under study and in this sector, each field, biology, toxicity, each field wants to find an explanation within their field. The work being conducted is very serious and very organized. The most positive part is the response to treatments.

I was amazed today at the number of patients that had improved within three, four, or five days. I found out that many patients are out today and the condition of many patients improves significantly in four or five days. We also have to see now if we are experiencing a phenomenon of hyperdiagnosis. We are also searching for cases. We are not waiting for the patient to come to the hospital. Family doctors and the whole health system is looking for patients.

The symptoms are very different. I have talked with dozens of patients today. I have asked their symptoms; how it first started. Some experienced cramps in a leg, others experienced different effects. Yet, others experienced dizziness. The questions I asked the patients, showed me that the symptoms are different. Every time a symptom appears, they treat it.

Reporter: Commander, but anyway, Cuba is facing this epidemic under better conditions than the dengue epidemic?

Castro: Well, we have a system....*[changes thought]* Look at this very hospital we are visiting today. An entirely new 1,000-bed hospital and living conditions of the *[words indistinct]*. There are more doctors and more experience, but dengue was a well known illness, although it had certain strange characteristics. The appearance of dengue was very strange because at the time there were no dengue epidemics anywhere else. It was a tremendous battle but the fight now is harder. It is harder to pinpoint, even harder to diagnose because of all its different manifestations. However, we are seeing a reduction in the number of optic manifestations and an increase in peripheral manifestations.

We have daily data on every province, case, and hospital. All the hospitals are working and making observations and research. The effort here in Santiago de Cuba is also very interesting. The medical personnel is making a heroic effort. They are also studying and evaluating....*[changes thought]* There were 11 treatments and now there are about 14. We are interested in both things, to prevent, diagnose, know the causes well, and fight the illness, these are the four factors.

The entire program of vitamin production was carried out in record time. Vitamins are always a useful tool. They are not harmful in case of a toxic presence, even in case of a viral presence. All this is being studied but we should not say this. It is not right. It is not prudent to

release unfounded information and theories. We have to be very careful with all of this. This is being carried out in a very serious manner.

Reporter: In the same manner that the people have a lot of trust in the effort being carried out by the Revolution, trust in the specialists.

Castro This effort is greater than the effort made with the dengue epidemic; it is much greater. Fortunately, it does not affect children. The average age is between 25 and 64 years. Although, there are some cases under 25 and some over 64. But this whole thing is being studied. It started with a number of cases. In the beginning it was a battle waged by public health, by the Vice Ministry of Epidemiology. As soon as we became aware of its size, magnitude, and characteristics, we brought in all the resources, research centers, and hospitals to work on this. It is being said that this is the greatest effort Cuba is presently making. The entire pharmaceutical industry is dedicated to this in addition to our medicine production capacity. We have been producing from 20 to 30 million vitamin pills a day. In truly record time, all the raw materials were gathered and this preventive treatment was implemented.

Reporter: At least here in Santiago de Cuba we are seeing that it gets to every citizen through the family doctors.

Castro: The family doctors and the health system in general. Here, we have also seen the role of doctors. This illness is a bit disconcerting. However, we have to handle it with great calm, serenity, to avoid excessive and unfounded fears, to avoid a psychological effect.

Castro Comments on Optic Neuritis Epidemic

PA0905212593 Havana PRENSA LATINA in Spanish 0054 GMT 9 May 93

[Text] Havana, 8 May (PL)—On 8 May in the eastern city of Santiago de Cuba, Cuban President Fidel Castro commented on the determined and strong manner in which the country is facing the outbreak of an optic neuritis epidemic.

The country's best minds are devoting their attention to this matter without wasting a minute, the head of the Cuban revolution stated during a visit to health care units in this area located over 900 km from Havana.

We have received (in Santiago de Cuba) information regarding the noticeable improvement of the patients, who are responding to treatment, Castro said in remarks on the national television newscast.

He recalled the disease appeared in an irregular manner and is not mentioned in specialized literature, making it risky to venture a hypothesis, since it must be based on research.

We must study well the details before making a final statement, he said, stressing the need to continue studying all possible causes of the epidemic.

He said Cuba has gone to the Pan-American Health Organization and the WHO to obtain support for the efforts made to cope with the disease. He added he hoped to obtain technical cooperation and medicines from these organizations.

According to the NATIONAL NEWS AGENCY, the president of the Council of State and Ministers told the local media that this is the most important effort Cuba is conducting right now in the health field.

It is a difficult struggle, but we will resolve the situation, he said before pointing to the interest in everything related to the prevention, diagnosis, and cure of the epidemic, the source added.

In the middle of last week, Vice Public Health Minister Jorge Antelo explained there is no precursor for the characteristics and pattern of propagation of the optic neuritis epidemic in Cuba, based on international experience and specialized literature.

He added that from the start of the epidemic at the end of 1992 to date, 29,959 cases have been reported, mostly (approximately 19,800) optic cases.

There are probably multiple causes for the optic neuritis afflicting the country, where toxic elements, vitamin deficiency, and the presence of a viral agent—even an enemy hand—can be correlated, the official indicated.

More From Castro on Optic Neuritis

FL1005021993 Havana Tele Rebelde and Cuba Vision Networks in Spanish 0000 GMT 10 May 93

[Interview with President Fidel Castro by unidentified reporters in Santiago de Cuba on 9 May—recorded]

[Excerpts] **First unidentified reporter:** Commander in Chief Fidel Castro Ruz visited this afternoon the Ambrosio Grillo Hospital in El Cobre, 20 km from Santiago de Cuba. In this way, he continued his tour of several Santiago de Cuba Province hospitals began on 8 May. The goal was to learn about the progress of the patients affected by the epidemic neuropathy. In each place, Fidel urged the people to have faith and the response was positive.

Esteban Lazo, first secretary of the Communist Party of Cuba in Santiago de Cuba Province, and Public Health Minister Julio Tejas also participated in the tour. Fidel, besides wishing the quick recovery of the patients, recalled that today is a special day and wished the Cuban women happiness.

Castro: A lot of happiness for all Cuban women. [applause]

First unidentified reporter: Later, while speaking with the press, Fidel was emphatic in his response.

Second unidentified reporter: Commander, can we already talk about some control of the epidemic in the country?

Castro: Well, that depends on what you mean by control. The situation is under control. The epidemic is in full bloom. It is developing and there are certain symptoms, like the occurrence of optic neuritis, or an increase of peripheral cases and other indications.

Third unidentified reporter: We can say that the battle against the epidemic is in full force.

Castro: The battle is in full force with all the force and energy [words indistinct].

Second unidentified reporter: Which province in the country was the most affected?

Castro: Well, it began in Pinar del Rio Province. The western provinces were the ones most affected. All this began there. I have already said that it took many months to reach the eastern provinces. But it affected some provinces less than others. There are some provinces less affected but they have the same rate more or less. Of course, those that were affected first are the ones which have more cases.

Third unidentified reporter: The patients have a lot of optimism that they can overcome this situation, especially those who are suffering the epidemic.

Castro: One can see a good attitude, optimism, contentment, satisfaction with the treatment and attention they are receiving. This, I have been able to see. I visited three hospitals and in the three hospitals that had in-patients, I must have spoken with 200, or more than 200 patients. [Passage omitted]

Second unidentified reporter: I have heard you say have confidence several times today.

Castro: Yes, I told them to have confidence because the great majority gets better but to some, who are taking longer, I told to have confidence. They are going to get better. But in general, what one hears, when you talk to each one is that they are getting better. I have also asked about symptoms. They began with some symptoms, such as cramps in their feet and basically all that. Of course there are different symptoms. I have seen different types during the visits to the Saturnino Lora Hospital and the new General Hospital.

We are lucky to have finished such a hospital with a great capacity. I say this at this hospital and I have seen different symptoms and overall there is a favorable evolution.

Second unidentified reporter: Therefore, with this contagious enthusiasm, we will see you on 26 July for the 40th anniversary of the assault on the Moncada Barracks here in Santiago de Cuba.

Castro: It is not enthusiasm, it is a good disposition. I am not enthused about the epidemic but I am enthused with the people's fighting spirit against the epidemic.

Second unidentified reporter: We will wait for you here in Santiago de Cuba for the 40th anniversary with your enthusiasm that is contagious.

Castro: This historical date corresponds to Santiago de Cuba by right, but besides the right, for tradition, for tradition. [repeats] The celebration is held every five years here in Santiago de Cuba but they have earned it in every way.

Second unidentified reporter: Then we will wait for you on 26 July. [end recording]

WHO Official To Verify Magnitude of Optic Neuritis

FL1305021993 Havana Tele Rebelde and Cuba Vision Networks in Spanish 0000 GMT 13 May 93

[Text] In Geneva on 12 May, the 46th assembly of the WHO approved a resolution to aid Cuba. The resolution asks member governments of the WHO to give aid to Cuba to help confront the consequences of the so-called storm of the century. Jorge Antelo, the Cuban first vice health minister, stated that this morning he briefed several participating scientists on the optic neuritis epidemic. Antelo pointed out that on 19 May a delegation of experts should arrive in Havana, including the chief of the WHO program for the prevention of blindness, to verify the magnitude of the illness and the cooperation required to fight it. Cuba needs approximately \$17.3 million to fight the optic neuropathy which has affected over 25,900 people.

WHO, Orbis Doctors Visit Optic Neuritis Centers

FL1705015593 Havana Tele Rebelde and Cuba Vision Networks in Spanish 0000 GMT 17 May 93

[Excerpts] The WHO and Orbis Project have responded to the request made by Cuba before the 46th WHO Assembly recently held in Geneva. A group of specialists of the Orbis Project and a WHO delegation arrived on 16 May to help fight the neuritis epidemic affecting Cuba. The head of the WHO delegation is Dr. Guillermo Llanos, one of the deputy directors of the Pan American Health Organization. [passage omitted]

Dr. James Martone, the medical director of the Orbis Project; Dr. Alfredo Sadum, a specialist in optic neuritis; and other members of this nongovernmental organization which fights blindness in the world also arrived on this flight for humanitarian reasons. [passage omitted]

This cooperation group will stay in Cuba several days and visit, along with Cuban doctors, hospitals and centers working on optic neuritis treatment and research.

Castro Meets Daily With WHO, PAHO Representatives

FL1905134093 Havana Radio Rebelde Network in Spanish 0900 GMT 19 May 93

[Text] In Havana City, Dr. Guillermo Llanos, health promotion director of the Pan-American Health Organization [PAHO] said: We are surprised to find so much information gathered in such a short period of time by Cuban technicians, who are carrying out the epidemic research on optic neuritis.

The specialist stressed the support of the Cuban Government to the delegation, which he heads, especially the attention of Commander in Chief Fidel Castro, who meets daily with them. The WHO and PAHO representatives will remain in Cuba through 25 May. They will visit hospitals in Pinar del Rio and Santiago de Cuba Provinces, and the Isle of Youth following their tour of different medical centers in Havana City.

Commentary Lauds Health Care System's Response to Epidemic

PA2105192693 Havana Radio Havana Cuba in Spanish 0000 GMT 21 May 93

[Commentary by Roberto Morejon]

[Text] Cuban health authorities designed a health care network that helped to expand medical assistance for over three decades. That network is growing quickly in response to the emergence of optic neuritis. The Cuban Government has decided to hospitalize all patients with severe or moderate symptoms in view of the disease's abnormal behavior.

According to specialists, hospitals are better equipped to apply the 14 experimental treatments doctors have ordered. Resources had to be gathered promptly to increase the number of beds at health care facilities, which previously had a 77,053-patient capacity; in other words, there were 7.3 beds per every 1,000 citizens.

The Cuban Health Ministry dealt with the challenge posed by the epidemic, which manifested itself in the form of optic neuritis and afflictions of the peripheral nervous system, by providing 20,000 additional beds, thereby increasing the number of hospital beds by 30 percent. That investment as well as other financial disbursements were made to combat the disease.

In effect, the government acquired the raw material required to produce 1.8 billion B-complex vitamin tablets, which were distributed free of charge to all Cubans despite the fact that they cost \$17 million in foreign currency. Health authorities also allotted \$10 million to complete and broaden the network of laboratories and diagnostic equipment and \$5 million for the installation of 32 hyperbaric chambers and other equipment to rehabilitate victims of the disease.

Simple addition shows that despite its current economic limitations, Cuba has expeditiously assigned \$32 million to reinforce the national health system, which employs 300,000 people. This system has again proven itself under emergency conditions. In the early eighties it assisted thousands of patients who were suddenly affected by a hemorrhagic dengue epidemic.

Cuba has proven again that the people's welfare is a high priority and that the government is resolved to give every citizen access to the most modern equipment science has created to enhance health services.

Castro Thanks WHO, PAHO for Help During Epidemic

PA2405002893 Havana Radio Havana Cuba in Spanish 0000 GMT 23 May 93

[Text] Cuban President Fidel Castro on 22 May thanked the WHO and the Pan-American Health Organization [PAHO] scientists for their cooperation in efforts to determine the cause of the neuropathy epidemic currently afflicting the island. He added that scientific cooperation should continue as it will also benefit other countries.

During a Havana meeting attended by the Cuban president, WHO and PAHO specialists presented a preliminary report on their investigations on the island. The scientists determined that the neuropathy epidemic in Cuba has very specific characteristics. The foreign scientists also commented on the Cuban health authorities' valuable cooperation and the Cuban scientists' outstanding thoroughness in the searching for the disease's origins.

According to various indicators, the disease is abating and the patients are responding positively to the treatment used in Cuba. The foreign scientists stayed on the island several days to try to find the causes of the neuropathy epidemic. They said the cause of the disease is yet to be determined and resolved to continue investigations in their own countries.

WHO/PAHO Delegation Chairman, Others Conclude Visit

FL2505184393 Havana Radio Rebelde Network in Spanish 1700 GMT 25 May 93

[Excerpt] Professor Guillermo Llanos and two other experts from the WHO and Pan American Health Organization [PAHO], have returned to their countries with the promise to continue researching the epidemic neuropathy. Belkis Joglar Cairuz has the details.

[Begin recording] [Joglar] Professor Guillermo Llanos, who heads the WHO and PAHO groups, which were in Cuba carrying out research on the epidemic neuropathy, departed this morning from the Jose Marti International Airport. Dr. Juan Carlos Silva, regional adviser to the program on blindness, and Benjamin Caballero, chief of nutrition at John Hopkins University in the United States, also left this morning. [passage omitted including previously filed material] [end recording]

Enemy Action 'Not Ruled Out' in Epidemic

*FL2505152893 Havana Radio Rebelde Network
in Spanish 0900 GMT 25 May 93*

[Text] Jorge Antelo, the Cuban first health vice minister, has affirmed that over 200 million people presently lack access to health care in Latin America and the Caribbean. He added that it is necessary to raise the awareness of regional governments about their serious health problems. Antelo is heading the Cuban delegation to the Latin American and Caribbean Health Ministers Conference being held in Brazil. Antelo also stressed that while Latin America and Caribbean governments implement neoconservative policies and privatization of the health sector, in Cuba the government has so far invested \$27 million to fight the epidemic neuropathy.

Antelo pointed out that Cuba is working with the WHO in fighting this illness which has been described by specialists as having multiple causes due to the presence of toxic agents, a virus which has already been isolated, and nutritional factors. Finally, Antelo stated to PRENSA LATINA in Brazil that the hypothesis of an enemy action has not been ruled out in the appearance of the epidemic neuropathy in Cuba.

At the regional health conference in which Antelo is participating, the Brazilian delegation proposed a plan of action to prevent and control the Acquired Immunodeficiency Syndrome [AIDS], in the region, where a fifth of the over 30 million people with AIDS live. The Brazilian project includes the exchange of experiences and human resources among Latin American and Caribbean nations to fight AIDS.

Latin America Supports Medical Assistance Request

*FL0605155693 Havana Radio Rebelde Network
in Spanish 0900 GMT 6 May 93*

[Text] Many Latin American countries support a draft resolution presented by Cuba before the 46th World Assembly on Health in Geneva, requesting medical assistance for Cuba from the international community. The document states that Cuban medical services were affected by the so-called storm of the century which, on its path through Cuba, caused material damages assessed at more than \$1 billion.

The health minister of Bolivia, also participating in the world health conference, said he favors medical assistance for Cuba. Denying such help, he said, would be turning their backs on a country that has done so much in that sector for other countries.

Meanwhile, Nafis Sadik, executive director of the UN Population Fund, said that Cuba's policy in that area has been positive for integration of its economic and social development plans. She added that with the United

Nations, Cuba, despite its lack of resources, has offered social services to its people and has identified their health problems.

On the other hand, Gert Rosenthal, executive secretary of the Economic Commission for Latin America and the Caribbean, stated that the economic embargo is against a country [words indistinct].

Commentary Views Health Situation on Island

*PA1005025493 Havana Radio Havana Cuba in Spanish
0000 GMT 9 May 93*

[Roberto Morejon commentary]

[Text] Information disclosed at the WHO Annual Assembly in Geneva highlights how economic factors increasingly widen the gap that separates rich and poor countries in regard to health. The information also confirmed that the health situation in Cuba is considered to be at the same level as in developed countries.

Although it is true that the U.S. blockade against Cuba is a colossal human rights violation to the island's residents and that the latter are suffering serious consequences due to the fall of the Socialist world, the Cubans have not seen their social benefits vanish.

While in 1998, the world life expectancy level will be at 65 years, based on a progression rate of four months for every 365 days, Cuba reached that expectancy level a good while back as its citizens have an average life expectancy of 75 years.

Another WHO report indicates that malaria—a disease that is avoidable and curable—threatens more than 40 percent of the world population and kills between 1.5 million and 3 million people every year. The Cubans, of course, are exempt from this tragic situation.

While the WHO warns that for the first time in this century cholera has revived and acquired pandemic proportions in Latin America, Cuban health authorities have announced that everything is prepared to deal with the disease's possible penetration of the island, although this has not yet happened.

The WHO also maintains that vaccination and improved child care campaigns are priorities. These premises have been heeded in Cuba for over 30 years, to the point where its infant mortality rate of 10.2 deaths for every 1,000 live births places the island among the top 20 countries. It can be added that the rate of survival to age 5 in Cuba is 98 percent and that from birth a Cuban child is treated by a doctor who may see him up to 20 times during his first 12 months of life and who orders the application of vaccines to protect him against 10 diseases.

Castro Continues Tour of Santiago de Cuba Province*FL1105014793 Havana Tele Rebelde and Cuba Vision Networks in Spanish 0000 GMT 11 May 93*

[Text] Yesterday, 9 May, Commander in Chief Fidel Castro continued his tour through Santiago de Cuba Province. Several electoral districts, where he was nominated as deputy to the National Assembly of the People's Government, were visited. The provincial Eduardo Mesa School for Deaf and Hearing Impaired Children and Youth, located in the city of Boniato, was also visited. Later, accompanied by (Elaida Perez), president of the People's Council, Fidel heard about the good progress being made on the school for blind children, currently under construction and projected to be finished in time for 26 July.

Fidel also toured the city and port of Boniato. He met with the people, visited houses, and congratulated mothers. He also met Fidelito, a three-month old child, who was born on 24 February, when the country was holding the historic general elections. Later, at the El Canon District, before a large number of residents, Fidel expressed interest in the health of the residents, none of whom have been affected by the epidemic neuropathy. He also spoke about the need to search for, in regions like Boniato, local solutions to current problems as a way to confront the special period.

Last night, Fidel held a work meeting in which Esteban Lazo, first secretary of the Santiago de Cuba Provincial Communist Party of Cuba committee; Public Health Minister Julio Tejas; vice ministers; Santiago de Cuba hospital directors; science specialists; and provincial leaders were also present. They analyzed the progress of the disease, tests, research, and surveys that are being made. Strategies were detailed, which should be adapted to each place and available equipment. They evaluated the treatment, which the patients are receiving, as good and who, in general, are improving.

They also appraised the climate of confidence, conviction, and willingness of all medical personnel in this battle against the epidemic neuropathy across the whole country.

Group of Chernobyl Children Arrives for Treatment*FL2005134693 Havana Radio Rebelde Network in Spanish 1155 GMT 20 May 93*

[Text] Approximately 150 children and accompanying adults from the areas affected by the Chernobyl accident have arrived in this capital by air for specialized medical treatment at Cuban health institutions. This group of children will be the last to arrive for the next few months. During the summer, a majority of the children will return to their respective republics and only those whose condition makes it impossible for them to travel to their country will remain at Tarara.

The Cuban program of care for Chernobyl children began on 29 March 1990 and to date, 11,618 small

children and adolescents have been treated, as have 2,000 adults, all from Russia, Belarus, and Ukraine.

As part of the treatment, which is of high scientific quality, over 120 children with leukemia have been treated. There have been seven bone marrow transplants and 18 complex cardio-vascular operations have been performed.

Commentary on Scientific Research With Plants*PA0305184093 Havana Radio Havana Cuba in Spanish 0000 GMT 30 Apr 93*

[Roberto Morejon commentary]

[Text] The use of plants in medicine and for nutrition in Cuba is far from being a desperate resource to face an alleged economic collapse that, according to foreign journalistic sources, is imminent.

Cuban scientists believe that nature is man's best ally and that many resources, some of them unexploited, can be obtained from it to produce more profitable and unique medicines in the international market.

The pharmaceutical industry, radio technology, tourism, sugar production, and the food program aimed at guaranteeing domestic supplies of agricultural products are priority activities in Cuba at a time when there are not enough funds for investment. Concentrating efforts in Cuban pharmaceutical research is in line with the innovating nature of this industry in the world.

Within the framework of global competition, Cubans know that the ability to introduce new products is the main factor that determines profitability. According to Spanish businessman Eduardo de la Pena, a key factor in the pharmaceutical industry is to avoid being excessively dependent on supplies and technology from the multinational companies currently controlling the markets. Cuban scientists agree with this concept and are currently studying the possibility of substituting scarce raw materials with natural products, including using plants and sugarcane by-products.

So far, Cuban scientists have produced a total of 900 pharmaceutical formulas and have established a list of 260 therapeutic medicines that can be obtained from 69 medicinal plants. In addition, Cuban experts have noted the nutritional value of some plants, leaves, and seeds, which eventually could be a solution.

Recommendations in that regard mentioned in the Cuban media were distorted abroad. It was said the government is encouraging people to eat plants to counter alleged starvation. Despite this highly unfavorable campaign, local experts continue their scientific research and have stressed that they will not abandon their laboratories, as nature has unexploited resources capable of improving nutrition and preserving health in human beings.

ALGERIA

Study on Levels of Pollution; Health Risks

93WN0411A Algiers ALGER REPUBLICAIN in French
30 Mar 93 p 6

[Article by Kamel Eddine Kahli: "Annaba: Atmospheric Pollution Level; Population at Risk"—first two paragraphs are ALGER REPUBLICAIN introduction]

[Text] The last cloud of ammonia released directly by the stacks of the Asmidal complex—and for which no one has claimed responsibility yet—nearly marked for life 13 high-school students of Safsaf. Almost asphyxiated, they were saved only by the immediate intervention of the emergency medical service.

The "monster" or "time bomb," as many citizens insist on calling it—as a warning—has struck hard again.

The number of such accidents or incidents has continued to increase since the complex was built right next to highly populated areas.

Denounced by the town's entire scientific community, the ogre goes on with its work of destruction and poisoning. Neither its management, nor the local authorities, nor the successive governments have had the courage to close it or move it elsewhere. National economy and the future of hundreds of workers' families seem to take precedence over the health of hundreds of thousands of citizens, over the ecological balance of a town that is losing its fauna and flora every day.

Protest marches by residents of El-Bouni, red alerts from the APEP [expansion not given], scientific seminars organized by Messrs. Senadi and de Belaid, remained unanswered.

Unanswered also were the bitter conclusions of some 100 papers and theses written by advanced-degree candidates and ecological and environmental engineers who, lacking jobs and the good will of those in charge of protecting the environment, are left unemployed or retrained as teachers.

Zineb and K. Farida were the first two students to undertake a serious epidemiological study of their town's pollution by the sulfur dioxide (SO_2) coming out of the Asmidal stacks. Zineb ended up relying on her own resources to continue her studies overseas; Farida has been unemployed since 1989. Yet, their research deserves to be continued, if only because the subject is of interest and the first results already available.

By Way of Introduction

Over a period from 1930 to 1957, London, Denora, Costa Rica, Los Angeles, the Meuse valley, and many other highly industrialized towns have taken turns as capitals of grief and ecological disasters.

Tens of deaths, a few thousands of people who felt ill, and a series of epidemics that made the headlines and enriched the annals of pharmacy.

The archives of world organizations and regional agencies specializing in pollution control and environmental and human health protection are full of figures and examples resulting from various studies made to determine and identify the part played by SO_2 in pollution.

The WHO does not conceal its helplessness, stating that 600 million city dwellers are suffering from excessive SO_2 levels. The OECD has shown that in Athens, in 1980, when SO_2 levels tripled, the number of people hospitalized for respiratory and cardiovascular diseases doubled. An increasing number of physicians ascribe 5 percent of all asthma cases to SO_2 pollution.

Ignorance That Wounds and Then Kills...

At a recent seminar organized by the local Health and Welfare Department, Farida was amazed to read in an APS release a statement made by some participants, regretting the lack of surveys and research on the impact of atmospheric pollution on the health of Annaba inhabitants. Omission or pure ignorance?

It does not matter... Farida is preserving her figures carefully although, occasionally, she finds that some distinguished brain or magazines of a certain type will mention them without quoting their source. A source dried up by unemployment.

Filtered Truths

Setting out to evaluate the level of atmospheric SO_2 pollution in the haunted regions of Annaba, and the impact of that pollution on the health of its inhabitants, the two women determined—based on a first interpretation of the results obtained—that maximum, average, and minimum SO_2 concentrations in a place like Boukhadra exceed 11, 7, and 5 times, respectively, the maximum permissible concentration set by the WHO.

Even for a limited time, and taking into account the toxicological importance and specific characteristics of the biological impact of SO_2 (a gas that is typically an irritant of the upper respiratory tract and mucous membranes), the maximum values recorded still represent a considerable health hazard for the population.

An analysis of the overall morbidity by nosological group among the inhabitants of El-Bouni, Sidi Salem, and El Kala, showed that acute infections of the upper respiratory tracts are most prevalent and rank first in the morbidity structure for all age groups; they are followed by diseases of the lower respiratory tract, asthenia, and finally dermal and ophthalmic affections.

The prevalence rate of lower respiratory tract diseases occurring in El-Bouni and Sidi Salem are relatively important and testify to the effect and impact of SO_2 pollution on people's lungs. Exposure to atmospheric pollution eventually results in nonspecific effects that

translate into a general weakness of the organism, a lowering of its resistance, and therefore a greater chance of suffering from various diseases and infections, which in turn lead to general fatigue and eventually asthenia.

Relative risk figures show that in El-Bouni and Sidi Salem the risk of diseases of the upper respiratory tract is highest for the 4-15 age group (index value of 21 at El-Bouni and 17.5 at Sidi Salem). The relative risk coefficient for the 0-3 and 16-40 age groups is significant.

A significant relative risk was also found to exist for dermal and ophthalmic affections.

(11.25 at El-Bouni, 5.5 at Sidi Salem) while for diseases of the upper respiratory tract it was found that the relative risk for the 0-3 and 16-40 age groups was equally significant (4.5 and 5 at El-Bouni and 2.5 at Sidi Salem) [sentence as published]

A study of morbidity among these populations exposed to fumes from the Asmidal complex and other industrial centers, concluded that:

- respiratory tract diseases are most prevalent, due to the presence of pollutants that directly affect the respiratory tract;
- the breakdown of pathological cases by sexes shows that, for all types of diseases, the morbidity rate is not affected by the sex of the patient;
- the breakdown by age group shows that pollution affects individuals according to their age (intense morbidity in the 4 to 15 age group for upper respiratory tract diseases, and in the 0-3 age group for lower respiratory tract diseases) and their sensitivity.

Pollution was found to be considerable in all residential areas studied, which leads to the conclusion that the population is exposed to consistent pollution, except at Boukhadra and El-Bouni, where concentrations are far greater. Even in areas where concentrations were lowest, a definite health hazard exists because these lowest levels markedly exceed accepted standards.

'I Feel Useless'

After knocking in vain at so many doors, the mother of Seif and Houssem yielded to despair. Her letters to agencies and departments responsible for environmental protection and conservation would be twice as heavy as the silence observed by officials in these departments. "I feel useless," she grieved, and put away her engineer's paper under her pillow. A second paper, an advanced-degree thesis on "the impact of fluorinated pollution on pear trees and pear trees [sic] at the Gharbi Aissa farm" lies there too, kept warm in a bed where four people sleep. No comment; we hurried to write this appeal to prevent our cadre and our hopes from being marginalized.

Equipment Shortages, Services Listed

93WE0405A Algiers ALGER REPUBLICAIN in French
26 Apr 93 p 6

[Article by Nabila Amir: "An Overburdened Hospital"—first paragraph is ALGER REPUBLICAIN introduction]

[Text] A hospital's doors must always remain open to the sick and ailing, but Mustapha Hospital, located in the center of the capital city, takes in more patients than it should. Although hospitals exist in every Algerian city, Algerians prefer to travel to the capital rather than seek care at their local hospital.

Psychological factors play a large part in the decision to seek medical care in Algiers. The thinking is that the Mustapha University Hospital Center, because of its location and years of existence, has the wherewithal to provide effective treatment. This results in numerous problems and obstacles.

The general manager of the Mustapha University Hospital Center told us that a shortage of means and a lack of responsibility are the source of many problems and difficulties.

The doctors we met at the hospital spoke angrily of the state of affairs: "There is no shortage of personnel, but we have one hand tied behind our backs. When you have a patient dying in a hospital bed but nothing to treat him with (no medications, equipment, etc.), that is a very serious thing. What can we do for the patient? Our professional conscience tells us to use every possible means to save him, but unfortunately that is difficult to do."

Of the hospital's role, Mr. Terrak said, "The hospital must decide on an objective so that it can retain its character as an institution made up of various care units. The basic health care units in the neighborhoods are very poorly organized. They must be revitalized and the various types of care must be better allocated, to alleviate the burden on the hospital. Public health officials should supply the centers and clinics with what they need to treat illnesses. The hospital must not be turned into a neighborhood health center. Certain injuries would not require hospitalization if the local clinics were better equipped to treat them. Fewer patients would have to be sent abroad for care if the hospitals were given the means to treat serious diseases."

Then there is the problem of equipment in need of repair. Spare parts are not available locally and must be imported, but this entails financial resources that health institutions lack. Health care managers say that they are powerless to correct this problem which is caused by inadequate levels of funding—a matter determined not by them, but by the country's health care policy.

A radical change is necessary.

Activities at Mustapha Hospital, 1992

Activity	Number
Hospitalizations	44,460
Outpatient consultations	540,985
X-rays performed	211,020
Surgical operations	38,154
Laboratory exams	705,012

Facilities at Mustapha Hospital:

- 12 medical departments and specialties
- 11 surgical departments and specialties
- 1 obstetrics and gynecology department
- 21 operating rooms
- 2 scanners (only one of them in working order)
- 1,885 beds
- 18 laboratories
- 18 radiology areas
- 1 blood transfusion center
- 1 institute of surgery
- 1 prosthetics workshops
- 117 dental chairs.

Services for Diabetics; Insulin Shortages

93WE0405B Algiers ALGER REPUBLICAIN in French
26 Apr 93 p 6

[Article by Hakima Boussaidane: "Patients at Risk of Dying"]

[Text] The Mustapha Hospital Center opened its diabetes department in 1990. The department's cramped and narrow quarters can hold no more than 27 patients at a time. There are two or three patients in every room. The beds and bed linens on which the patients sleep are far from new. At their bedside, there is empty, humid space. There are no tables, no storage for their belongings—not even a small stand on which to put a transistor radio. Their bags of belongings are tucked under the beds, along with bags containing their dirty garments.

Their food has to be placed on the bed or even on the floor.

The quarters are drafty. The few bathrooms that exist are unsanitary. "The cleaning women do not do the work they are supposed to do. They do not come to work," we were told by the department's nurses.

A pair of pliers are needed to open the water spigots and the patients must wait in line to fill their water bottles.

It is noon, and the second insulin injection of the day is about to be given. The patients who have learned the technique give themselves injections without the assistance of a nurse.

The food served to patients does not seem to have changed since the department opened. They receive one cup of unappetizing puree, a few leaves of unfresh lettuce, a miniscule frozen artichoke, and bread.

"The evening meal consists of one hard-boiled egg or a slice of *cachir*," the patients told us. A diabetic's diet should include green vegetables, meat, cheese, fruit, and very little bread, as well as coffee or tea with milk at lunchtime and in the afternoon, but this is far from the rule here. Diabetics are also usually advised to eat low-fat fish, lean meat, and eggs from time to time.

"We had fish once and all of us were sick the next day. It was spoiled fish they had given us," we were told by an old diabetic woman who has had one leg amputated. Not to be forgotten are the cockroaches that roam freely, even around the food.

Because of the shortage and high price of insulin (NPH, in particular) and test strips, the nurses told us, they are forced to conserve test strips even though it is recommended that they be used three times daily.

The diabetic should have his own bottle of insulin, "but bottles are shared by several patients. The same disposable syringe is used again and again for four or five days. At times, when a patient's blood sugar is low, we have to give him the first thing we can find."

Gathered in an office, the nurses told us that patients, many of them aged and illiterate, do not take their medications because they are left on their own.

The diabetics are distressed by their disease and by care that is only more degrading to them. There is no such thing as leisure activity or comfort: "We have almost no presence at all in the hospital," the patients say.

The night-duty nurses must deal with security [as published] problems that are almost unbelievable. "In dealing with diabetic complications, we often have to ask for help from the departments next door. It is very difficult to find a doctor."

Follow-up care, according to the nurses, is nonexistent. "Soon after leaving our department, patients sometimes return with other complications. The consulting doctors can only prescribe medications, including insulin, of course. But we cannot supply the insulin."

Insulin is a luxury for the diabetics who cannot afford to spend 120 or 150 dinars, assuming that insulin is available. Who was it who said that money can't make a person happy?

An elderly woman, very much resigned to her fate, said to us: "I have lost a leg to amputation and cannot walk to the toilet. No one comes to help me, even when I call. I cannot help but soil my bed. I must lie there until a relative comes to visit the next day." No further comment.

INDIA

Population Growth Rate Declines During 1981-91

*BK1605095293 Delhi All India Radio Network
in English 0830 GMT 16 May 93*

[Text] For the first time in the last 60 years the population growth rate in the country declined during the decade 1981-91. According to the annual report of the Ministry of Health and Family Welfare, the population growth rate during 1981-91 was 2.14 percent as against 2.22 percent during the previous decade. The report, however, noted with concern that the absolute addition of the population during this period was about 16 crores, almost equal to the population added in three decades from 1931-1961.

The report says there is a marked reduction of over 90 percent in incidents of leprosy in the 40 endemic districts. The national AIDS control program was launched last year with an IDA [International Development Association] credit of \$84 million. Out of the 440 districts in the country, up to the end of September 1992, 388 districts were provided with TB [tuberculosis] centers equipped with essential equipment and trained manpower.

IRAN

Unsanitary Conditions Threaten Health in Zahedan

93AS0367Z Tehran ABRAR in Persian 19 Nov 92 p 5

[Text] Zahedan—IRNA—The existence of hundreds of stables in homes and unauthorized slaughterhouses inside and around the city of Zahedan has polluted the environment and spread various diseases, especially around the city.

The accumulation of garbage at dumping sites and open sewers on the one hand, the existence of numerous cattle pens outside the city and the lack of pesticides on the other hand, has given the city of Zahedan unprecedented vulnerability to flies.

Likewise, the failure to practice hygiene on the part of some citizens, especially those living on the fringes of Zahedan, the dumping of garbage beside the streets and public thoroughfares, and the failure to deal decisively with violators in hygienic matters, have made Zahedan a center of environmental pollution.

According to Saryazdi, the mayor of Zahedan, herds and livestock stables in the city of Zahedan have increased 98 percent in recent years, and it will be possible to round up the livestock units in the city only with the help of the judiciary.

He confirmed the existing problems in the city and added: An effort will be made to implement a garbage collection system and to improve the sewers so that the existing problems can be reduced to some extent.

On the other hand, Dr. Asadi, deputy director for health care of the Sistan va Baluchestan Province Health Care and Treatment Organization, said: Unfortunately between 60 to 80 percent of the meat is marketed by unauthorized slaughterhouses. Likewise, part of the milk is distributed in the city by cattle keepers on the edge of the city and is contaminated with various kinds of bacteria, and this in itself has doubled the hygiene losses.

Dr. Asadi added: Although some places where flies gather and other contaminated areas in Zahedan have been sprayed to a limited extent, due to the side effects of existing sprays in the environment, the continuation of such a practice is not permitted. The only way to fight the health care problems is to properly flush sewage and dispose of garbage, to properly grade the streets, to practice proper hygiene by some citizens, to round up the livestock pens and move them out of the city, and to deal decisively and legally with violators and unauthorized butchers.

The deputy director for health care of the provincial Health Care and Treatment Organization announced: In view of the cold season, respiratory illnesses are among the most contagious diseases in the city.

Sirjan Hospital Operational

*93WE0380C Tehran JAHAN-E ESLAM in Persian
30 Mar 93 p 5*

[Text] Sirjan's 168-bed hospital became operational and ready to receive patients.

This hospital is properly equipped with: a CCU [Critical Care Unit]; a Pediatric Care Unit; Gynecology, Surgery, Internal Medicine, Physiotherapy, Radiology, Laboratory [departments]; a blood bank and a Pharmacy.

According to the IRNA, Dr. Taheri, head of the hospital while making the above statement yesterday, also said: 2 billion rials have been spent for the purchase of the equipment of this hospital.

He further added: The 168-bed hospital of Sirjan is built on a 105,000 square meters lot of which 15,000 square meters is occupied by the hospital building. Until now from the credit funds of the Social Security Administration about 6 billion rials have been spent on the said hospital.

IRAQ

Respiratory Tract Diseases Cause Increase in Mortality Rate

*JN0202154893 Baghdad INA in English 1345 GMT
2 Feb 93*

[Text] Baghdad, Feb. 2, INA—The Ministry of Health is currently launching a programme to combat the spread of respiratory tract diseases among children under the age of five.

A health source told INA that the programme aimed at reducing mortality rates among children and controlling side effects and dangerous complications of respiratory tract diseases. The source said the ministry's survey and statistics showed a noticeable increase in mortality rates during 1991 as result of these diseases.

The programme is to be carried out in three stages, said the source, adding that the first stage of the programme covers organizing training and refresher courses to promote the skills of the medical and health staff to help boost the standard of health services redereed to people.

Moreover, the second stage will cover programmes and plans to raise mothers awareness in diagnosing symptoms of respiratory diseases.

The programme also aims at urging mothers to ensure treatment during the early stages of the disease to avoid dangerous complications of diseases such as pneumonia.

The source urged mothers to avoid using medicine without consulting physicians, pointing out that studies showed that infections of the respiratory tract were healed gradually within a set period needless of medicines or antibiotics.

The second stage of the programme covers organising training courses for the staff of vocational organisations, teachers and staff of kindergartens and nurseries and private midwives, whereas the third stage will cover programme and plans to encourage and enhance breast feeding to help increase child immunity against diseases.

ISRAEL

Higher Than Acceptable Radiation Levels Detected in Negev

TA2504130993 Tel Aviv HA'ARETZ in Hebrew
25 Apr 93 pp A1, A6

[Report by environmental affairs correspondent Eli El'ad]

[Excerpt] Levels of radioactivity seven times higher than those acceptable in Israel were measured at various points along the slopes of Hamakhtesh Haqatan. These levels, which exceed the findings of the checks conducted last week by the Environment Ministry in an area outside the fence surrounding the Negev Nuclear Research Center in Dimona, were registered at various points along the course of the sewage drainage from the oxidation pools.

Nevertheless, these extraordinary levels do not pose a security or health hazard, and they are still lower than the lowest threshold of radioactivity considered hazardous.

The levels of radioactivity found in the samples collected last week are higher than those found in the samples collected in August 1992 in the same area. The difference stems from the fact that the samples were not taken from

the exact same points. The checks were conducted as part of an agreement reached between Environment Minister Yosi Sarid, heads of the Atomic Energy Commission, and the directors of the Atomic Research Center. [passage omitted]

Arab League Informed of Growing Death Rate

JN0205135393 Baghdad INA in Arabic
1148 GMT 2 May 93

[Text] Cairo, 2 May (INA)—Iraq has informed the Arab League of the direct impact of the continued unjust economic blockade on the health situation in Iraq, as well as increases in the death rate.

The Arab League General Secretariat has received an official memorandum from Nabil Najm, Iraq's permanent envoy to the Arab League, detailing the increases in the death rate among children and the elderly because of the acute shortage of medicine and vaccines.

The Iraqi envoy asked that the memorandum be considered an official Arab League document and distributed to the Arab League member states.

The Iraqi mission to the Arab League distributed official documents to this effect to the Arab Human Rights Organization in Cairo, as well as other regional organizations.

Embargo-Related Fatalities, Health Situation Detailed

JN0505135993 Baghdad INA in English
1300 GMT 5 May 93

[Text] Baghdad, May 5. INA—More than 86,000 children under the age of five have died in Iraq since the imposition of the economic blockade on 6 August 1990, Health Under Secretary Shawqi Murqus told a local magazine.

Speaking to ALIF BA', a weekly political magazine in Arabic, Dr. Murqus said the death toll among children above five and adults because of shortages of medicines had totalled 65,000 for the same period.

Dr. Murqus said although the UN resolutions do not prohibit countries to sell medicines to Iraq, countries, particularly those who took part in the U.S.-led aggression in 1991, are preventing their companies from selling medicines and medical equipment to Iraq. He said his country had signed many contracts with drug companies and paid the value of these contracts well before the 2 August 1990 events. "However, these companies were prevented by their governments from sending medicines to Iraq," he added.

Murqus said Iraq has taken a number of steps to decrease fatalities among Iraqis, particularly the children.

The Ministry of Health in cooperation with the United Nations Children's Fund (UNICEF), Baghdad office, has

launched a vaccination campaign to immunize children under five against diseases. Dr. Murqus expected that the campaign would bring down mortality rates among Iraqi children.

The health under secretary said medicines and medical equipment which are being donated to Iraq by various humanitarian organisations do not meet the great shortages Iraq is suffering from.

He said Iraq used to import medicines worth \$500 million annually. "Over the last two years, Iraq has not received any medicines except some medical aid which meets only five to 10 percent of its actual needs," Dr. Murqus said.

Meanwhile, recent statistics released by the ministry have shown that fatalities among the Iraqis during March 1993 rose sharply in comparison with last year's figures of the same month, due to the dearth of food and medicines caused by the U.N.-imposed trade sanctions.

A report by the ministry indicated that some 4,647 Iraqis have died over the said period because of the continuation of the unjust economic sanctions.

The ministry's report gave many examples on the deteriorating health situation. It noted that during March 1989 (a year before the sanctions), the number of children struck by malnutrition-related diseases, for example, was only 86, whereas the number of children fatalities over the same period in 1993 reached some 1,500, scoring an almost 1,644 percent increase.

According to statistics and surveys, the number of Iraqis who have died as a result of the post-war sanctions is more than that during the actual battle.

The UN sanctions have crippled health care, shrunk food supplies and pressed most of the country's 18 million people into despair.

Future plans to combat certain epidemics have grumbled during the past two years as lack of funds and necessary medical supplies made it impossible for health officials to continue their health programmes.

Large portion of the population are currently threatened with death. There is the risk of dangerous epidemics spreading quickly in many areas. Lack of sanitation and absence of hygienic conditions are contributing to the spread of a host of diseases including hepatitis, typhoid as well as cholera.

Hence, the situation will continue to deteriorate and people will continue to suffer unless an immediate action

is taken to put an end to the over two-year economic sanctions clamped on Iraq and avert the looming catastrophe.

On the other hand, Dr. Shawqi Murqus said that the Health Ministry had worked out a detailed plan for the production of domestic medicines as alternatives for previously imported ones, since Iraq could no longer obtain enough medicines from abroad due to the ongoing unjust economic sanctions and the freezing of Iraqi assets abroad.

He went on to say that some specialized health departments have already succeeded in producing materials that are used in processing x-rays, where previously these materials used to be imported and paid for in hard currency.

Ibn al-Haytham Hospital for Eyes Surgery, staffers have succeeded in locally producing an eye-drop which is used to carry out local anaesthetic to replace an eye-drop that used to be imported for the same purpose. The new product is labelled "Kein," said Dr. Murqus.

He added that some tablets such as those used to alleviate stomach ulcer, heart disease and blood pressure are also nowadays locally produced since Iraqi hospitals have been denied access to such tablets due to the U.N. restrictions on importing foreign made materials by Iraq.

And to rationalize the use of medicines the Health Ministry has issued instructions to all doctors and medical personnel not to exceed the necessary limits in providing medicines to their patients and the patients are also informed to avoid any extravagance in the use of medicine, said Dr. Murqus.

Dozens Poisoned by Poisons, Chemicals Dumped in Marshlands

LD0605182493 Tehran Voice of the Islamic Republic of Iran First Program Network in Persian 1630 6 May 93

[Text] The Supreme Assembly of the Islamic Revolution of Iraq [SAIRI] announced: Many inhabitants of Iraq's southern marshlands have been poisoned after the Iraqi regime dumped tens of tonnes of poisonous and chemical substances in that area.

The SAIRI statement issued in this regard says: Signs of severe poisoning have been seen in dozens of the inhabitants of the al-'Amarah marshlands. The statement adds: During the past few months the Iraqi regime has been dumping nuclear substances in that country's southern marshlands in order to hide them from the UN inspectors.

**Interview With Ukrainian Health Minister
Spizhenko**

93WE0235A Kiev *RABOCHAYA GAZETA* in Russian
10 Jun 92 p 3

[Interview with Ukrainian Public Health Minister Yuriy Prokofyevich Spizhenko by T. Mozgovaya; place and date of interview not given: "The Healthy and the Rich"]

[Text] The shock the healthy and the rich will experience from the transition to insured health care will be milder than for the poor and the sick, but all will win out as a result, feels Ukrainian Public Health Minister Yu. P. Spizhenko.

Mozgovaya: Yuriy Prokofyevich, what is your assessment of the status of public health in Ukraine?

Spizhenko: It satisfies no one today—not the patients, not the doctors. Except for 5-7 percent, the former are unable to obtain optimum health care for either themselves or their close relatives. The latter have been placed on an extremely low rung of the social ladder. The work of doctors today is not properly appraised. There are no analogues, even in developing countries. Moreover they are unable to engage in their professional activity fully due to the absence of diagnostic equipment, reagents and medications. For practical purposes our doctors have nothing but their ears, eyes and hands, just like Hippocrates.

Mozgovaya: When you presented the draft public health law you stressed that insured health care is the solution to this problem. But no insurance policy of any kind will be of any help, after all, if the doctor continues to have nothing but his ears, eyes and hands.

Spizhenko: We have formulated several priority directions. The first is reform of the higher school. However things might be, our professionalism is insufficient. Though according to evaluations of Western colleagues, medical personnel working in institutes and other educational institutions are very well trained, and their manual habits are even better. This is no surprise, since after all, every day they have to work miracles with their hands, always inventing something to take the place of a complex instrument or diagnostic unit. But for the most part, professionalism is not high. As of 1 September the higher school will work on the basis of a new system. We will make the structure of our faculties correspond to Western analogues: The stomatological and therapeutic faculties will remain. The methods by which subjects are taught will change. There will be seven or eight of them per school year, rather than today's 15-17. We will introduce a system of state examinations. This will allow us to drop students who cannot handle the programs. Before, the VUZes used to haul all of the "ballast" up to a diploma. But in Western countries, a third of all students wash out. The system of postgraduate training will be different as well.

The second priority is creating our own production base, since we will never work well with imports. Last year we had 110 ultrasonic units. And this was for all of Ukraine, with its more than 50 million population! And they are needed in every rayon and section hospital. That means thousands, if not tens of thousands. A state program for establishing such a base at the Kiev Relay and Automatic Equipment Plant and some other defense enterprises has been approved. Ten Siemens computer-assisted tomographs have already been developed, and 250 ultrasonic units have been produced. This is literally in just a few months. We are already manufacturing 50 percent of our own component parts for CAT scanners. Next year 70 percent of the parts of ultrasonic units will be produced in our country. I think that half of them will be manufactured for export. Before the end of the year we will be able to provide every hospital with an ultrasonic unit, and this will relieve a very great amount of pressure.

We have charted a course toward local production, so that we could manufacture everything without having to cooperate with anyone in, for example, Russia or the Baltics.

The third direction is establishing our own pharmaceutical base. The situation is much worse in this regard, since we are now producing only 30 percent of our medications. It is almost impossible to obtain a drug to treat pathology of any kind, be it cardiovascular or respiratory. If you only knew how my work day begins. Each day I have to check my insulin supply to see if it will last for another three days, or maybe only two. At night I wake up thinking about how tomorrow will be. Though I shouldn't be saying this, the state still hasn't allocated a single cent for insulin this year. We are presently living off of whatever humanitarian assistance we are able to beg out. Taiwan granted us assistance totaling around \$15 million and Germany did so for \$5 million. With this money, we were able to cover three of our bases—insulin, drugs for anesthesia, and broncholytics. Is it normal for us to have to buy insulin each year for \$45 million, while a plant that could produce it would cost 70 million? Which way is more advantageous? I'm not even talking about the fact that we now have 350,000 persons requiring one or two insulin injections every day, or that 800,000 are using parallel drugs. We should have built such a plant 20 years ago! This is why I would like to begin by erecting a plant producing insulin, and build lines manufacturing anti-asthmatics and anesthetics. There was a time when we used to carry out 3,500 operations a day, but now—a thousand or a thousand and a half fewer. Have we really started to have fewer patients? No, everything is being postponed due to the absence of drugs.

Mozgovaya: You know, whenever I hear that some benevolent fund is purchasing vaccines against poliomyelitis or meningitis abroad, to be honest the emotion I experience is not joy but fear. This, after all, was something the state used to do.

Spizhenko: Not a single vaccine is being manufactured in Ukraine: not against tetanus, not against diphtheria, not against measles. Fifteen years ago we had these vaccines, but then control was transferred to Moscow, and we lost everything, even though our Kharkov institute was Europe's leader in drug development. Workers of the Pasteur Institute studied in Kharkov's Mechnikov Institute. That's how life changes. Now the problem we face is this: resurrecting that which had been started 150 years ago, that which we have already forgotten—creation of vaccines and sera. A program of interaction with the Pasteur-Mere Institute in France has been prepared. This is today's most substantial institute. We need to have all vaccines available here, and we have to do this in 3-4 years.

Mozgovaya: The health of our citizens is the greatest public and personal good. How do we finance its protection under the conditions of the transition to a market economy?

Spizhenko: We need to reform the public health system—to make a transition to insured health care, and introduce alternative forms. Because in all the world, besides state medicine there is also private medicine. However, we cannot solve vitally important problems with a single leap. Russia grabbed for health insurance, and everything is already highly out of balance there.

Separating out the public health service was suggested at one of our meetings. I don't think this is something we should do. In Russia a special committee was established under the president, but how can it possibly deal with this problem? It was then transferred to the Cabinet of Ministers. What did Russia find itself facing? Before, public health stations had all of the vaccines available to them, and the system of supply, storage and issue was well formed. The hospitals don't have such a system, and creating one requires several years. Over there, they've now failed to meet their immunization plan. Can you imagine how things will be there, and how things will be here after a few years if we were to take the same approach? They say that the ministry has become a monopolist. But what do I need this monopoly for? However, I see that if I don't take on this problem, no one will ever get anything done, no one had been able to do anything about it in the past, and no one is doing anything now. You can't get away from the menial work. And without it, there can be no health insurance, no alternative forms.

I would like to ask the Supreme Soviet to give us two years to introduce insured health care, since even if we had the needed assets today, there is nothing to buy with them today. But production of diagnostic equipment, instruments and medications is developing, and therefore it is important for us not to do anything rash, not to lose what we already have.

We need to preserve the basic level of state financing at its present level—the state has allocated 170 billion

rubles. This will cover half of our need, and if we had twice more money, that would be twice better.

We want to put all of our pensioners, children, disabled persons, all of the socially unprotected under the budget's financial wing, while working people will be insured by enterprises. Voluntary and mandatory insurance is foreseen for workers. Mandatory insurance is financed by the enterprise, and it provides the individual with a guaranteed level of care. This includes, for example, immunizations, and guaranteed assistance in the event of injury or accident. And if someone wants to enjoy better conditions, better food, he will have to pay extra for this.

Mozgovaya: The enterprises must make deductions for health insurance. But we know the kind of state they are in, and how they are groaning under the value-added tax. There are enterprises for which such deductions are beyond their means. What happens in these cases?

Spizhenko: Yes, things are tough for the enterprises. But we will be introducing insured health care not tomorrow, but over a period of 2 or 3 years. By that time the economy should be on its feet. Of course, breaking down old stereotypes is a scary thing to do, but we have no other choice. If we keep going in the same old direction, we will suffer total collapse. We need to make a transition, and ultimately this will produce a positive result. While many of our medical personnel feel that if you introduce health insurance today, things will be better tomorrow, the truth is that things will be better in 7-10 years. An example of this can be found in Germany. There, insured health care was introduced in 1948, and it was not until 1959 that substantial changes occurred. Consider also the German mentality: Their discipline—financial, state, personal—is at a higher level than ours. It will be difficult, but we will have to teach entire generations to live under insured health care.

Many enterprise directors will of course be "con," but many will also be "pro," since they realize that there is no other way to stimulate concern for one's own health. Today, all of the hopes are laid on a pill: If I get sick, they'll cure me. Nowhere else in the world is there such a thing. Our life is 10 years shorter than in civilized states, not only because we eat poorly and live in bad conditions, but also because we don't care about our health, we don't know its value, we don't know what it means in terms of money.

Mozgovaya: We often have people appealing to us on television and in the newspapers when their despair forces them to beg for hard currency for treatment abroad. Won't we have to begin begging for rubles or those coupons for, for example, heart surgery in precisely the same way? Such surgery is very expensive, after all.

Spizhenko: Yes, your question does make certain sense. This will not have anything to do with pensioners, children, disabled persons and others whose treatment will be covered by the budget. The principle that will operate in relation to all others is that "the wealthy will

pay for the poor, and the healthy will pay for the sick." Let's assume for example that there are 50 workers at an enterprise, and 25 of them never get sick. That extra money would then go to an operation.

Mozgovaya: But what interest do I, as a policy owner, have in not getting sick? This is an absurd question, if you consider the value of your health, but still!

Spizhenko: You pay a certain part of mandatory insurance (provided by the enterprise) out of your wages. If you had not been ill for a year or two, then your payments will decrease.

Mozgovaya: Will insurance companies be subordinated to the Ministry of Health?

Spizhenko: No, absolutely no way. They will be independent—both private and state-run. Liability must be borne by those who are responsible for the health of the concrete individual. Treatment quality control is one of the principal functions of the insurance company. It must provide assistance in selecting the doctor and institution, and it must make sure that all of the necessary procedures are carried out, that all of the methods are used, and that the bill presented to the patient is legitimate. In the West, a doctor is afraid to make mistakes, because according to the law, he is in turn presented with a bill, and he will have to pay the patient whatever the medical worker's carelessness cost him.

Mozgovaya: We are justifiably angered by the existence of medical institutions for the elite, for the woefully notorious Fourth Administration. But won't there be considerable stratification in the levels of health care under insured medicine as well?

Spizhenko: There's no doubt that the rich will go to the top of the list, since they will be able to pay for everything. But the morality of this criterion is more acceptable than stratification based on the principle of official position. If you want to earn more, then work hard, and study.

Mozgovaya: According to the health insurance law, a patient will have the right to select his doctor, but will the doctor be interested in having the patient prefer him over others?

Spizhenko: Yes, he will. A certain percentage of deductions from your policy will go to the doctor. And if he is a respectable doctor (professionalism will be in first place), he will also receive a more respectable salary, and not the kind enjoyed by a do-nothing worker in a white smock that patients are afraid to see.

Mozgovaya: Yuriy Prokofyevich, what do you believe should be the level of a physician's wages?

Spizhenko: It should be high enough that he could have a four or five room apartment or cottage, a minimum of one car, and a fabulous library, so that he could teach his own children, so that he could finance his own trips abroad for study, so that he wouldn't be worried about

his wages every day, and wouldn't wonder if he has enough to buy milk. I don't know how much all of this will cost, but I think this is most necessary.

Mozgovaya: Let's summarize, let's consider the advantages of insured health care over the existing system. What are its flaws?

Spizhenko: Insured health care will make it possible to improve the public health system as a whole. There'll be a possibility for obtaining 40 percent more additional financing. The system will force the individual to care for his health. And as for flaws, there is no doubt that we have become accustomed to free medicine, we have become accustomed to going to the hospital without a checkbook or without a ruble in our pockets. This of course will be a shock in the first while.

Mozgovaya: Thank you for this interview.

Ukrainian Program To Produce Previously Imported Medicines

93WE0237E Kiev *RABOCHAYA GAZETA* in Russian
23 Jun 92 p 3

[Article by Press Office of Ukraine Prime Minister]

[Text] The Ukrainian Ministry of Health is undertaking a program to reinstitute the production of medicines which are now supplied from abroad. In the first quarter of this year the "Zdorovye" Kharkov pharmaceutical firm produced about 2 million containers of "Senadeksin" (instead of imported "Senade" and 120 thousand containers of "Abaktol" (imported "Tarivid"). Production of antipyretics and analgesics was also started. This made it possible to save more than \$1 million. We did not produce apparatus and materials for cardio-vascular surgery. Currently the scientists of the Kiev Scientific Research Institute are designing this together with the small firm "Ekvit" and setting up production of disposable systems for artificial blood circulation apparatus. They have also obtained initial samples of thin suture material and needles for prosthetic heart valves.

Surge in Crime Victim Visits to Moscow Hospitals

93WE0237D Moscow *NEZAVISIMAYA GAZETA*
in Russian 13 Aug 92 p 6

[Article by Yelena Voronenkova]

[Text] In our medical practice, there is a term, "criminal" disease, which signifies injuries suffered as a result of violent actions, as well as suicide attempts under unclear circumstances. In these cases, Ministry of Internal Affairs employees go to the scene together with the emergency medicine physicians, in order to assemble evidence and take statements. The injured often go directly to emergency rooms, where they are registered and information reported to the Ministry of Internal Affairs.

We, it seems, have already become accustomed to the fact that in Moscow there is a dangerous criminal situation, but, to judge from medical registration rosters, the last half year was especially violent. The manager of the emergency room in the Anatoli Polonski 67th Municipal Clinical Hospital reported that in all of 1990, 5.5 percent of the total patient visits were due to "criminal" disease, while for the first seven months of this year this number increased by a factor of three, to 15 percent. This statistic is a good example of the "twisted" disposition of the capital. The victims are mainly males from 17 to 50 years of age. Knife wounds to the abdomen and "blunt abdominal trauma" are most common. This year the number of such injuries has increased by a factor of 2.5, and more fatal cases were registered. It is characteristic that the diagnosis of alcohol intoxication or simple drunkenness is established in 60-70 percent of the injuries. The percent of poisonings is significant lower, but has increased since 1990 by a factor of five. Among the wide spread methods are alcohol plus tablets. This year poisoning from alcohol surrogates, acetic acid (with a lethal result), as well as unknown poisons and preparations have been registered. Bullet wounds occupy the next place on this list for the time being. Tear gas and nerve gas injuries were not treated at the hospital.

Kazakh Diagnostic Center Nears Completion

93WE0260C Alma-Ata KAZAKHSTANSKAYA
PRAVDA in Russian 27 Aug 92 p 2

[Article by V. Li: "For the First Time They Have Used Granite and Marble on a People Still Living". First paragraph is KAZAKHSTANSKAYA PRAVDA introduction in boldface.]

[Text] Construction is nearing completion on a consultation and diagnostic center in Kzyl-Orda.

Medical establishments have not been built here in centuries. Seventy-thousand square meters of marble tiles adorn the walls and floors of the diagnostic center being built in Kzyl-Orda. Hundreds of square meters of polished granite tiles are also coming here. A total of 487 ash doors manufactured at a local furniture mill, aluminum windows from Voronezh, bronze mortise locks, and unique lamps from Moscow and Ternopol and many other things have already been installed. You say this is superfluous? Yes, it is, but this is still not all. The floors of the diagnostic center will be covered with almost a kilometer of carpet pathways, and the foyer will have color televisions, rest areas, soft stools and chairs, and the offices will have air conditioners.

In view of the general collapse, at first glance such luxury seems blasphemous, but it is enough to glance at statistics of infant and maternal mortality and morbidity in the oblast to understand that here, in an area of ecological disaster, that it is blasphemous to scrimp on medicine. Here is only one example. In the Aral region the number of stillborn infants over the past five years has increased three-fold, and frequently children are born

without a skull, limbs, with shortened intestines, and other pathologies. The diagnostic center will serve all rayons in the oblast, rayons that have virtually no healthy people. Two-thirds of Kzyl-Orda residents have artificial teeth, and in recent years the wave of allergic diseases caused by airborne dust particles has increased.

The diseases are inflicting a heavy toll on the economy of the oblast, in comparison with which the costs of the diagnostic center will appear to be mere crumbs. And fighting the diseases is a poorly equipped medicine, frequently cooped up in inadequate accommodations. Under these conditions it is virtually impossible to conduct universal public health screening of the populace and detect serious diseases at the early stages. We do not even have accurate statistics on morbidity. In Aralsk, where medical teams from all regions of the former USSR have been performing the public health screenings for the past five years, the pattern is more or less clear; for every 1,000 inhabitants more than 600 are seriously ill. If you were to judge by the ever overflowing hospitals and polyclinics, then in other rayons and in the oblast center these figures would not be much lower.

In my opinion, the oblast administration was correct to take a stand on recovery of the population. Along with the diagnostic center, construction of a new oblast hospital has begun, the estimated cost of which is 12 billion rubles. The Bulgarians will build it. According to the forecasts of specialists, the most modern and technologically equipped therapeutic complex in the republic will begin operating in 1995 with the opening of the hospital in Kzyl-Orda. Incidentally, the money for the construction of the hospital is coming from Kumkol petroleum. Another 15 modern hospitals will be built here according to the plans of the oblast administration in the coming years.

The diagnostic center will soon begin receiving its first patients. The best specialists from Kazakhstan and Moscow are now putting the finishing touches on all four floors and are constructing a winter garden. Yes, on the first floor of the center there will be a winter garden. The director of the oblast administration, S. Shaukhamanov, promised to allocate an additional 100,000 rubles for purchasing unusual trees and flowers.

Recently, in the already completed conference hall of the diagnostic center, the director of the oblast administration held a conference, to which, in addition to the engineers, the directors of the factories, organizations, and establishments were invited. Help was needed in order to complete construction on time. The help was promised. Some promised to send specialists to assist the engineers, and some donated some of their profit. In short, there were few enterprises in the oblast that were not in some way involved in this construction. For two years, since August 1990, when the first brick was laid, municipal subbotniks have been spent here. Many Kzyl-Orda residents have put their own savings into the construction of the diagnostic center, so it is with complete justification that the structure can be called of the

people and for the people. It is the first time that granite and marble have been used for a people still living. The administration and engineers have almost completed their work. Now the most important thing is needed: that the physicians perform their labors well and with their hearts.

Radioactive Contamination of Marinated Mushrooms

93WE02261 Moscow *STANDARTY I KACHESTVO*
No 9, Sep 92 p 48

[Article by M. Reznikov (Donetsk Oblast Society of Consumers): "Marinated" Radiation and the Consumer Society"]

[Text] The Oblast Society of Consumers was organized in Donetsk 2 years ago. What has it accomplished?

In the first place, an activist movement was formed. There are urban societies in Mariupol, Artemmovsk and Yenakiyev. Groups in Kuybyshevskiy and Leninskiy rayons of Donetsk, the Commercial Institute, Center for Standardization and Metrology and its branches in Gorlovka, Mariupol, and Kramatorsk have announced their support for the movement and are already working. The collective members of the Oblast Society of Consumers consist of the fund for large families and the small enterprise, "Reliability" [Nadezhnost] in Mariupol.

The society, along with the Donetsk Center for Standardization and Metrology, tested the quality of a dry wine and the strong alcoholic beverage called Gutsulskiy, which were sold by the leased Production and Trade enterprise in Kirov. The wine and beverage were produced by the small enterprise Temp and the Stimul enterprise. The products did not conform to the state standard and specifications, and their sale was banned.

Members of the Oblast Society of Consumers discovered 26 tons of marinated mushrooms with radioactive contamination in the ORS [department of workers' supply?] of the Makeyev Metallurgical Combine. This product was delivered by the Kamen-Kashir Unified Forestry Enterprise in Volyn Oblast. The Volyn Oblast scientific-production veterinary laboratory did not issue a quality control certificate for this batch of mushrooms. Obviously, the entire batch of marinated mushrooms was rejected and returned to the supplier.

On the basis of the results of the check, the Mariupol Municipal Executive Committee adopted the decision to ban the sale at city markets of large batches of products of plant origin (in excess of 100 kg) without certificates.

The group in Kuybyshevskiy Rayon checked the servicing of disabled individuals in the ORS store in Kuybyshev.

In 1990, we submitted an appeal to the Supreme Soviet of the Ukraine entitled "Poisoning of people by foodstuffs must not be allowed." In it, we proposed that

administrative and criminal responsibility be placed upon individuals in charge and citizens for the production and sale of foodstuffs containing substances harmful to health. The appeal reached its goal to some extent: in May 1991, the republic's parliament adopted a law on protection of consumers, which includes an item about the right of consumers to safe products and about liability as to property for the harm inflicted by products of inferior quality.

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Production of Ferratsin Halted

93WE0261B Moscow *KOMSOMOLSKAYA PRAVDA*
in Russian 02 Sep 92 p 1

[Article by N. Yefimovich: "No Medicine in the Nation".]

[Text] The line for ferratsin production has been completely shut down at the Kursk Pharmaceuticals Plant.

The conclusion of the Biophysics Institute was that this preparation removed up to 80 percent of the cesium from a child's body. It would seem that the indispensable drug in the rayons affected by radiation would be immediately snatched up. However, in the words of director Ye. Prokhody, all of the organizations in the Ukraine and Russia have refused to purchase ferratsin without any explanations. Inquiry of the plant to the Belarus government was also unanswered.

Bacterial Contamination of Bread in Kazakhstan

93WE0225E Alma-Ata *KARAVAN* in Russian
11 Sep 92 p 2

[Article: "Bread as a Bacteriological Weapon"]

[Text] *The quality of bread sold by the Petropavlovsk bread factory has worsened dramatically. The epidemiological station sees the cause of this in the spread of potato bacillus, which attacks grain back in its maturation stage.*

As specialists say, cases of poisoning by poor quality bread have not yet occurred. However, the unique features of "potato disease" are such that it manifests itself not right away but with accumulation of a bacterial critical mass in the body. Nonetheless, unpleasant consequences may be avoided; this requires observance of one condition: storing bread for not more than a day after it is baked. But contrary to recommendations of specialists, not one bread store of Petropavlovsk has any data in this regard. These data are possibly unavailable because the shelf time at most selling points has exceeded the permissible time since ages ago.

Perhaps one thing is keeping a scandal from developing—the high demand for bakery articles. The moment they appear on the shelves, huge lines form.

It would be interesting to know what sort of reaction customers will have when the price of a loaf jumps to 15-16 rubles.

Alcohol Shortage in Kazakhstan

93WE0225F Alma-Ata KARAVAN in Russian
11 Sep 92 p 2

[Article: "Getting Stuck and Plastered?"]

[Text] *Free medicine is yielding its positions step by step.*

Patients visiting the treatment office of the Kustanay women's consultation office now have to come with their own alcohol. But if she brings, for example, camphor alcohol or cologne, she is not going to get any injections.

Medicine is simply no longer able to afford alcohol. The commercial price of alcohol has reached 500 rubles per liter. Alcohol is distributed in medical institutions in miserly portions. It is provided chiefly for surgery.

High Nitrate Content Found in Imported Vegetables

Produce Rejected by Authorities

93WE0236C Moscow KOMSOMOLSKAYA PRAVDA
in Russian 11 Sep 92 p 2

[Article by V. Nedogonov: "Eat Your Watermelon in Peace"]

[Text] Reports that watermelons are dangerous to health this year have appeared in the newspapers.

"It's not the watermelons that are dangerous," Moscow's deputy chief public health physician V. Vinogradova explained to us. "What are dangerous are beets, onions, potatoes, radishes and carrots. The concentration of nitrites exceeds the maximum permissible norm by a factor of two in 50 percent of this produce coming to the capital from Azerbaijan, and in 11.8 percent from Uzbekistan. Sporadic cases have been recorded in regard to produce from Krasnodar Kray, Moscow Oblast and Poland."

According to Vera Sergeyevna the discarded potatoes, beets and other produce are used as feed for farm animals (with the permission of veterinarians), and they are processed (for example, nitrites leave carrots when they are canned), or they are returned back to where they came from.

But if someone winds up with a nitrite-filled carrot, we have this warning: The first symptoms of poisoning are faster tiring, sleepiness and headaches. The first thing to do is to have a blood test.

Trade Official Remarks

93WE0236B Moscow KOMSOMOLSKAYA PRAVDA
in Russian 12 Sep 92 p 1

[Article by S. Brilev: "Is It Worth Leaning on Carrots? We Begin Our Investigation of Sovereign Nitrates"]

[Text] This spring, the mayor of the first city of the land (former, of course) triumphantly proclaimed that Muscovites will not be left without fresh vegetables in the fall. For this, the Moscow government signed direct contracts for deliveries of vegetables, potatoes and so on within the framework of international agreements concluded by federal authorities, and particularly with Uzbekistan, Azerbaijan and even Poland. This would have been a good moment to say some nice things about Gavriil Kharitonovich for the negotiations carried out with his blessing, were it not for some interesting figures.

As it turns out, the concentration of nitrates in half of the beets, onions, potatoes, radishes and carrots coming to the capital from sunny Azerbaijan and almost 12 percent of produce from less-sunny Uzbekistan exceeds the maximum permissible norm by a factor of two. An elevated nitrate concentration was also documented in vegetables from places with climates not as hot—Poland, Moscow Oblast, Kuban.

According to the administration of Minister Panteleyev of the capital's government, director of the Department of Trade and Industry:

"Public health matters are under the jurisdiction of the Department of Food Resources."

According to V. Shaplyko, director of the contracts, market and prices division of the Department of Food Resources of the Moscow government:

"We are concerned with documents stipulating the number of tonnes, the rail cars and so on. Public health matters are not stipulated in such agreements between Moscow and CIS countries. This is up to those who sign specific contracts."

So whose business is it to block the path of nitrates? And is there any responsible official out there that is concerned about this problem? Such is the topic of discussion which will continue in future issues of KOMSOMOLSKAYA PRAVDA.

Selective Monitoring

93WE0236D KOMSOMOLSKAYA PRAVDA
in Russian 18 Sep 92 p 4

[Article by S. Brilev: "As With Money, Nitrates Don't Smell. But Their Quantity Is Growing"]

[Text] Agreements of the Moscow government with sunny CIS countries for the delivery of vegetables to the capital (negotiated by the Department of Food Resources) were signed last spring under noisy publicity from Gavriil Popov. But as it turns out, due to a strange

oversight the problems of quality were not at all stipulated in these contracts: They only discussed tonnes, rail cars and trucks. The trading establishment, represented by the corresponding department of the Moscow government, is still avoiding these questions.

And here are the results of this deal (the figures for this fall): Nitrates exceed the maximum permissible norm by a factor of two in half of the beets, onions, potatoes and carrots coming from Azerbaijan, and in almost 12 percent from Uzbekistan. Moreover all that the Moscow public health and epidemiological service can do is simply confirm this bitter fact. In addition Vera Vinogradova, the capital's deputy chief public health physician, also complains that all her subordinates can do is make spot-checks of the literally hundreds of consignments of deliveries coming into the capital.

By the way, we won't have much of an opportunity to exercise our fastidiousness: This week O. Virichev, director of the Food Resources Department of the Moscow government, announced that 6 percent of the needed potatoes and 20 percent of the vegetables have been delivered to the city's produce associations.

The situation with nitrates is only a particular case of the anarchy in control over the quality of food products. International quality standards are not effective in the CIS: The often beautifully packaged products from abroad, sold in commercial stalls, had already been discarded in the West long ago. If you ask for example, as I recently did, where Moscow gets its canned Coca Cola (selling at 80 rubles a can), and if you happen to be asking an honest merchant, he will say that these are leftovers from the 1988 Seoul Olympics.

International Experts Evaluate Russian Pharmaceutical Industry

93WE0237A Moscow KURANTY in Russian
15 Sep 92 p 5

[Article by Aleksandr Nadzharov

[Text] The untimely death of three to five million people a year, such is the cost of errors in the production and sale of pharmaceuticals. Moreover, this is the case when pharmaceutical warehouses are literally hurting for drugs, which are either not distributed from them or are not paid for. It is no wonder that doctors consider our Ministry of Health a bankrupt murderer.

I have before me a rather remarkable document, the report of leading specialists from six world countries, conducted in February and March at the request of the Russian government, appraising our pharmaceutical industry. Each of them, even before coming to Moscow, knew that "the Russian brain does not understand, the common archine is not measured." Nevertheless, already at the beginning of their report the foreign doctors and pharmacists, probably wishing to be best understood, wrote "our conclusions are not accusations. They are rather the results of observations made with

knowledge of the pharmaceutical industry in the Commonwealth of Independent States.

For what facts are the delicate foreigners apologizing? First of all, for two of their conclusions, namely:

1. The impossibility of comparing factories to each other, because all of them, with the exception of a few, were found to be in an extremely serious state. (The few were simply in a serious state.)
2. Production technology lags 30-40 years (!) behind the West. The result is high costs for products, high waste levels as a result of generally ineffective production, and low or completely ineffective distribution of drugs to pharmacies and from there to patients.

Eighteen further points follow; on reading them one's fists involuntarily contract, as this is what recent national soviet power has achieved for us. It is incomprehensible to the intellect, that instead of curing, our "therapeutic" preparations "elicit side effects which are particularly difficult to treat." However, this is entirely unsurprising, since according to the observations of the specialists from six countries, we have "a complete absence of adequate quality control." Why? Simply because, neither in Russia, nor in Ukraine, nor in Belarus, are there suitable national laboratories. Nevertheless, these laboratories and the legislature regulate the production and control of pharmaceuticals.

The high foreign commission was particularly surprised that no attention had been paid to this obvious problem. In response to this, it appears that "sanitary norms and safety techniques in production are rarely followed, floors and windows are broken, glass is not installed, and there are poor illumination and ventilation, uncovered wires running along walls and ceilings, and scattered unneeded equipment—this is the working condition of the usual pharmaceutical plant.

This is the situation. And the result of this production is a tablet which we must put in the mouth of a child or an injection which we inject into our veins. As a result one would be surprised if hospitals are not the major breeding ground for infections in our state, including AIDS.

By the way, about injections. One may be accustomed to them since infancy, but rational foreign intellects completely cannot understand why Russian doctors use syringes and ampules, thus each day risking introduction of infection into their patients, when the whole world has already converted to tablets. Even in Central Africa injections are only used in the most unusual cases.

Among other things, the impurities which are emitted from our pharmaceutical factories get into these injections. Of course, these factories are "located in large cities, polluting the environment and dangerous for the population."

Certainly, on reading this, every normal person, even the most unintelligent, asks the age-old question of the

Russian intelligentsia, who is to blame? But no one is to blame, because our policy in the field of population health was not conducted by specific people but by the party, the government, and the USSR Ministry of Health, and these are airy and intangible concepts.

No one is intangible you say? People are dying, that's right, dying. The most responsible are the high-ranking doctors, the public servants of medicine.

This began at a time, say the commission of foreign experts, about 30-40 years ago. When our so-called pharmaceuticals became less desirable, it was noticed at the leading metropolitan medical scientific research institutes that interesting new drugs were emerging overseas. Moreover, in Western clinics new, unanticipated classes of medicaments were being used, which sharply reduced the mortality of the local population.

Of course, domestic professors and academicians made requests of the Ministry of Health, both singly and together. The medics finally turned the attention of the Ministry to the scientific and technical revolution in drug therapy occurring in the rest of the world. They were reassured by the fact that the prominent surgeon Academician B. Petrovsky was in charge of the matter. They thought, we can rely on him, and if not him, we can explain it to his colleague, Doctor Professor E. Babayan, at that time the chief administrator of new drugs.

Their confidence was in vain. After the traditional consultations with the Central Committee of the Communist Party of the Soviet Union and the USSR Council of Ministers, the requests were answered with reference to being aware of the importance of the "current political moment," rather than patient care. They explained to the treating physicians with stately importance that first, there is no money for the pharmacy. (And when was there?) Second, no one is interfering with patient care, because the problem is already solved, since new products for disease treatment will be developed by the countries of the Soviet Economic Mutual Assistance Pact, from whom drugs are more cheaply obtained, and can be obtained by barter rather than with hard currency.

And since when are the Pact countries able to cut out patterns for bed pans? asked the uncomprehending doctors. Silence! was the strict response. But due to the immovability of our system, doubts were strictly forbidden.

As Winston Churchill aptly remarked "in Russia everything is forbidden unless it is mandatory." It was mandatory to send millions of tons of petroleum and raw materials across the border, as well as hundreds of tons of gold, and to consider this cheaper than developing the internal economy. It was mandatory to recommend production outside the USSR, since our pharmaceutical industry, on which millions of Russians rely for results, advances because its state is not able to pay. In Stalin's

day this was called sabotage. Now it is errors of the administrative command system. Systematic errors are when no one is responsible.

What is happening now? The pharmaceutical system has completely collapsed, with the obvious approval now of even the officials of the Russian Ministry of Health. In particular, the editorial staff has now verified information, according to which \$60 million, transmitted to no particular cooperative factory, exist only on paper and in the imagination of its owner, the visible functionary of this department. The Ministry of Health has historically sustained an infinite number of fraudulent suppliers, "working" with the busy assistants of the Ministry and their superiors. Hopefully, these latter live only on their salaries. But it is difficult to explain why disposable blood transfusion systems are purchased, for example, at a cost at least two times higher than the usual charge in Europe. This is a fact. Members of the Moscow pharmacy profession who happened to be touring abroad discovered with surprise that the majority of the imported medicines which are purchased by pharmacies cost half the price at which they are listed in the records of the Ministry of Health department responsible for imported pharmaceuticals. Doubtless the majority decompose and loose expiry period in warehouses, appearing in pharmacies only by deceptive means, in these days of automobile bodies concealed under mountains of other drugs. In the opinion of metropolitan pharmacists, similar methods were devised by the Director of the former Soyuzfarmatsey, and current Russian "Farmimeks" Association A. Apazov, who just happens to be occupied with the purchase of pharmaceuticals.

Briefly, it is no small matter at the Ministry of Health that the commission was interested in the struggle against corruption on the part of the speaker of the Russian Government. Meanwhile, the foreign doctors, who are specialists in drug marketing, could do nothing, in the sense that today Russia is not building its own cooperative contemporary enterprises, but is exclusively purchasing finished pharmaceuticals at exorbitant prices. In fact, there is the excellent experience of Hungary or, let us say, India, in which similar factories were built long ago with the assistance of foreign firms and now supply medicines from the best Swiss and American to both their own populations and the whole world. By the way, they bring in a large amount of hard currency profits for their states.

We who followed a different Leninist path for some time have not paid for even those tablets which are long since swallowed. For example, the world-renowned Swiss firm Sandoz which produces not only excellent, but also not the cheapest in the world, medicines, is owed about \$10 million by us. I, certainly, do not understand why this firm works today at a disadvantage, and recently purchased a consignment warehouse. Consignment is when a firm supplies goods without payment, getting paid only after the medicines enter the pharmacy network.

It is necessary to acknowledge, that as an experiment I tried to find out, which foreigners are owed debts from our frozen foreign deposits in the Foreign Economic Bank. There are, as I discovered, two methods. The first is to give the Bank official a bribe of around 10% of the debt of his office; the second is to turn to the completely legal service organized here by a small business. But this costs as much as 20%.

Solid firms do not proceed this way. Work in the extreme conditions of the post-perestroika Russia is a personal challenge to ones enterprise and competence. The energetic Sandoz representative in Moscow, Tuure Lakhti, after such a toughening will certainly make a brilliant career for himself in Switzerland.

However, it could have been otherwise. Not long ago one of my journalist colleagues, writing on a medical theme, was offered assistance to "corral" a certain instrument at a certain hospital for five seconds for half a million rubles. The ministerial worker who made this enticing proposition, promised in this case to fortunately realized for him half a million. That was the amount which the instrument was worth in total. These are the loathsome feeble impulses which are acted on in this country, where people die more frequently and sooner than anywhere else except in the underdeveloped countries.

On the other hand, our Minister of Health is usually a noted physician, for example, B. Petroskiy, on whose operating table Sergey Pavlovich Korolev died or Ye. Chazov, an outstanding cardiologist, who did not force the promised subsidies from the government. The present manager of the murderer department is A. Vorobyev, a well-known hematologist and traditionally no economist, who, as is now understood, leads the national ministry with definitive control. Together with him there is the entire Russian public health system.

Well, there are intelligent economists here. It is true that now the ministerial ranks, together with the separate clear intellects of the governmental apparatus, rave about the next project of the century. For the time being it is, in truth, a strict secret, the reason for which is really not so hard to understand. These are imaginary deals. A certain super factory will be constructed with 450 million American dollars, which will fill all pharmaceutical needs, from raw material to finished product, plus their packaging.

It would be interesting to know why our bureaucrats are drawn with frightening consistency to gigantic industry. Is it not due to enormous expenditures and not so little bribes? I simply can not find any other explanation for this recurrent administrative boundlessness. It is clear that such a pharmaceutical monster will not be flexible, trying to readjust each of its production superlines. Now, consider external factors. What if such a factory pollutes a neighboring river? What then? Close the concern and in a short time all Russia is without medicines. The same thing happens in the case of a strike, which at this time no one can rule out. I am not even referring to the

completely inevitable contamination of the surrounding environment, which is directly proportional to the scale of the enterprise.

For the same amount of money, one can, in a short period of time, erect a minimum of forty pharmaceutical factories of the most modern type, which will be technologically flexible, pure, excellently controlled, and employing a significant fraction of the currently unemployed provincial population.

That is not likely! For this same population, erecting a gigantic pharmaceutical factory is the dream, not only of our bureaucrats, but also of Western builders and other contractors. Just try to verify their expenditures, when the total sum of the payments far exceeds even the limits of our limitless military budget and approximates the insane figure of 90 million rubles. Yes I know, under the best circumstances patients need, not medicine for their treatment, but money. Let us give each Russian, including the elderly and newborn, about six thousand rubles and be done with it. This could be, not without doctors but without the bureaucrats of the Ministry of Health.

One of the conclusions of the international commission investigating the situation in Russian at the request of its government demonstrates the level of their confidence in this department, that the quantity and list of emergency life-saving preparations needed should be determined by an expert commission from the UN World Health Organization, based on their (that is the foreign specialists') observations. Speaking to the point, one may directly conclude from these observations that the whole world wishes us well and is ready free of charge to make available to Russia quickly and frequently many tons of urgently needed medical preparations, but completely does not trust the information provided by the Russian Ministry of Health, above all about population mortality and the state of local medical care.

After this, there arises the natural question, why the devil do we have this Ministry? Or to put it another way, with which state structures do domestic physicians and foreign well-wishers deal? Both witness the complete inactivity (if not to say worse) of the Ministry of Health in finding firms or stockholder associations which can guarantee our patients and pharmacies modern equipment and medicines. Formerly this was done by Ministry of Health central boards like Soyuzfarmatsey. Now no one does it, because the heads of these central boards themselves, it appears, have already provided everything which is needed. The humane foreign people rush to Moscow without knowing to whom medicines, without which hundreds of thousands of people may die, may legally be donated. It is not possible for the foreigners to turn over drugs directly to the pharmacies. There are many thousands of pharmacies. The large firms have neither experience in working with them nor the physical opportunity to do so.

It is one of the Russian paradoxes that one may die of hunger even near a full refrigerator. And this is under historically unique conditions, when those in the West sincerely believe that each self-respecting member of a democratic association must make three important achievements in life: build a house, plant a tree, and render humanitarian assistance to Russia.

Respected gentlemen-comrades of the Ministry of Health! Go away, thank Christ, do not interfere. Do you know how bitterly the practicing doctors make fun of you? They say that the Ministry of Health warehouse of finished production is a cemetery.

Kazakh Medical Center Well Equipped

93WE0261A Alma-Ata KAZAKHSTANSKAYA
PRAVDA in Russian 16 Sep 92 p 4

[Interview with Anatoliy Shcherbakov, by Nina Ishutina; place and date not given: "Correct Diagnosis is the First Step to Recovery". First four paragraphs are KAZAKHSTANSKAYA PRAVDA introduction in boldface.]

[Text] We have become accustomed to the squalid interior of most of our hospitals and polyclinics, to the chronic deficit of equipment, and to the lack of drugs. And so, when you enter the oblast diagnostic center for the first time, you are slightly shocked. This splendid establishment, equipped with the latest western medical technology, does not fit with the general picture of economic problems in national public health.

Incidentally, the Chimkent people were able to build and equip it using funds from the oblast.

Anatoliy Konstantinovich Shcherbakov, an endocrinologist who in the past was a pediatric surgeon for many years, is the director of the diagnostic center. The fact that Chimkent today has such a unique medical establishment is undoubtedly due to its chief physician, a busy and active person, enthusiast, and fanatic about his work. Shcherbakov was appointed director of the center when it only existed on official papers.

A. Shcherbakov tells us about the creation of the center and its present activity and plans in an interview with our correspondent.

Ishutina: Anatoliy Konstantinovich, as far as I know, the beginning of construction on the diagnostic center in the southern Kazakhstan oblast had been planned for next year.

Shcherbakov: We were able to reach a reconsideration of the dates. It happened with the initiative and direct support of the current Premier-Minister of Kazakhstan, and then president of the Chimken' Oblast Council, S. Tereshchenko. The center was transferred the unfinished building of the Institute for the Advanced Training of Teachers.

After assuming the position of chief physician, I petitioned the directors of the enterprises for assistance.

Many responded and allocated funds. It is already obvious how lucky our diagnostic center has been in being able to obtain equipment at the old prices. Today it has incredible value. You probably noticed that in many of the offices that have highly sensitive imported medical equipment there are soft carpet paths. You think this comes from a good life? We simply understand that if any part of the equipment accidentally falls and breaks it would be a catastrophe for us. After all, replacing it is expensive, even with hard currency.

Ishutina: Can you tell me in more detail what kind of equipment you have and in general about the structure of your establishment?

Shcherbakov: Ninety-five percent of the equipment in our diagnostic center is imported medical technology from Japan, FRG, USA, and England. We got it in parts. Where and how is another story associated with the prolonged road of sorrows. We paid with hard currency and our own rubles. In its time "Kazagotkhlopkoprom" sponsored us, allocating 380,000 convertible rubles for purchasing medical technology.

The center has a splendid x-ray apparatus from "Siemens" (FRG), and currently the only echocardiograph in Kazakhstan with a color display (USA) and many other devices that our physicians didn't even dream of before. The petroleum distilling factory negotiated to give the center 13 personal computers.

Funds from industries were used to purchase laboratory immunological equipment that would make it possible to more thoroughly investigate the human body in the early stage of disease.

We have a department for endoscopic functional diagnostics. Recently, due to the high mortality of children and pregnant women during childbirth, we opened a maternity and pediatrics department.

In addition, operating at the diagnostics center is a branch of the self-supporting enterprise of the Moscow company "Diostom", which performs dental work using the latest technology from the USA.

Ishutina: But in order to work with such technology you need highly skilled specialists.

Shcherbakov: Absolutely. And I believe we have them. In general, the matter of staff is a particular one. During the construction of the center I invited many experienced physicians to work here. But generally they refused. No one wanted to leave familiar places for an area which at that time was filled with difficulties and uncertainty. Then I risked recruiting young people, some straight from the institutes. I had to again find the money to send the young doctors for special training in Moscow, Kiev, St. Petersburg, Alma-Ata... But now we have a splendid collective of individuals who are of one mind.

Ishutina: The modern equipment and skilled specialists are good. But after all, you charge for the screening, and so not everyone is able to afford it.

Shcherbakov: It is strange that there exists the opinion that the diagnostic center sees only those who can pay. Here, like everywhere now, we have a self-supporting group which renders paid services. They are only four percent of the total number of screenings. Five percent of the screenings are paid for by economic agreements with enterprises and farms. Ninety percent of the services are offered free of charge by the center.

Ishutina: The residents of some rayons sometimes have a hard time getting to Chimkent, in order to have a consultation with you.

Shcherbakov: Yes, there are difficulties in serving the rural dwellers. The first problem is, where to stay in the city? I think that in the near future this problem will be solved; a hotel with 180 rooms is currently being built near the center.

In addition, we already have a bus with a mobile diagnostic laboratory and specialists from the center routinely travel to the rural rayons.

A branch of our diagnostic center was opened in Pakhtaara and serves four adjacent rayons.

Incidentally, when we travel to the farms in accord with economic agreements, we generally screen all who desire it, regardless of the conditions of the agreement. In my opinion, it is unacceptable to place public health on strictly a commercial basis.

Ishutina: But life is getting expensive. And medicine, as far as I know, is far from the highest paying branch. It would be interesting to know what you, as a director, think about the possibilities for increasing the salary of your employees?

Shcherbakov: There are solutions. Our specialists are potentially ready to work overtime. Frequently the problem is one of administrative "no"s and "impossible"s. For example, the employees of the center have the opportunity to work around the clock at the emergency medicine hospital. The laboratory equipment of the center, which cannot be found in any of the medical establishments in the city, would make it possible to quickly perform the necessary analyses in a quality manner.

Ishutina: Anatoliy Konstantinovich, they say that you have an operation room in the center. But after all, surgery is treatment, not diagnosis, is it not?

Shcherbakov: Yes, we did recently equip an operation room in which we perform laparoscopy investigations, that is, diagnostics of the abdominal cavity. What is it? We make a small incision in the tissues through which a laparoscope is inserted into the abdominal cavity. A laparoscope is a special apparatus shaped like a pipe that allows the physician to see all the internal organs in which he is interested.

Ishutina: In any case, I have heard that you personally make some kind of very complex, you might say,

exquisite operation for removing stones from the bile ducts, which is not practiced anywhere else in Kazakhstan. What kind of operation is it?

Shcherbakov: It is a mini-operation with a very difficult name—papillosphincterotomy, where the stone is removed through the digestive organs, virtually without a scalpel. The operation is not really simple. Another physician, V. Potapov, does it in Alma-Ata.

Ishutina: They say that you are a lucky person and that you are successful in everything, including being able to get equipment for the center and put work on the proper level. Do you perhaps have some secret?

Shcherbakov: I know. It is absolutely true: Water does not flow under a lying rock. All who wish to achieve something need to simply understand this truth.

Syringes Resold by Hospital

93WE0234A Alma-Ata KARAVAN in Russian
18 Sep 92 p 4

[Article by Caravan Information Agency: "No Charge Does Not Mean Free"]

[Text]Charity in Mangyshlak.

The main topic of conversation in Aktau is the machinations with disposable syringes. The Aktau Plastics Plant has delivered 160,000 disposable syringes to the Mangistau Health Department at no charge.

The syringes were distributed among medical institutions. The Central Municipal Hospital received 149,000 of them. Then they suddenly appeared in Pharmacy No 9, priced at 10 rubles each. People began to wonder why the syringes cost as much in a state pharmacy as at a cooperative stall. Sh. Abdrakhmanov, chief physician at the Central Municipal Hospital does not deny that the hospital wished to obtain additional money. It was assumed that the cash realized from the sale of the syringes should be credited to the hospital. However, as it was learned, K. Nurgaiyev, chief of Pharmacy No 9, personally collected the cash from pharmacists. And no receipts or credit slips were issued; the figures were entered in a notebook, and the money was hidden in a safe. The public prosecutor is currently investigating this matter.

Kazakh Minister on Pharmaceuticals Shortage

93WE0237F Alma-Ata KAZAKHISTANSKAYA
PRAVDA in Russian 25 Sep 92 p 2

[Interview with Vasilii Devyatko, the Minister of Health, and the General Director of the Republican External Economic Union "Kazintermed" by V. Cherkizov, Kazakh News Agency correspondent]

[Excerpts] The general deficiencies, connected with the destruction of economic bonds, touch all spheres of the national economy of the republic, including public health.

How, in this situation, can we guarantee the populace and institutions which treat patients and practice preventive medicine medicines, equipment, and prescription medical articles? The Minister of Health Vasily Devyatko and the General Director of the Republican External Economic Union "Kazintermed" presented their approaches to solving the problem in an interview with Kazakh News Agency correspondent V. Cherkizov.

Cherkizov: Vasily Nikolayevich, why do we all remain without drugs and medical technology?

Devyatko: First of all, because we never had productive capacity and power. We supplied only two percent of our pharmaceutical preparations. The only large factory which produced medicines was "Aktyubrentgen." The situation was not better in the entire former Union. We produced 35 percent of the medicines we needed, 35 percent at that time were produced by the members of the Council for Mutual Economic Aid, and 30 percent were purchased from the developed countries of Europe, America and Asia. Since the start of perestroika, we converted the Council for Mutual Economic Aid to hard currency calculations, but none of them had any. This was the first blow in the delivery of merchandise necessary for health to us. The second blow was the disruption of bonds between the republics.

Cherkizov: What measures are being taken by the government and the Ministry of Health to exit from this impasse?

Devyatko: We have already purchased \$11 million worth of medicines, which will soon appear in pharmacies and medical institutions. The "Kazfarmbioprom" concern has been created, which will, together with the Ministry, deal with the creation of a pharmaceutical industry in the republic. A critical analysis is now being conducted on the purchase of two factories to produce infusion solutions for the Mangistauskiy and Alma-Ata Oblasts from a Swedish firm. These solutions are extremely necessary for vitally important medicinal preparations. In addition, there are already preliminary negotiations with companies from Turkey, Egypt, and India on creating joint ventures for producing other medicinal forms...

Cherkizov: Bulat Mutashevich, what is the role of your Union in the effective use of these currency injections?

Davletgaliyev: Austrian credit can only be used for merchandise produced in Austria. Even though that country is one of the most important producers of medical technology, they manufacture for everybody, as we must. They required a solid effort on our part to buy everything we need through their national company.

Cherkizov: But, as far as is known, work with Austrian credit is only part of the extensive activity of "Kazintermed." What is its basic function?

Davletgaliyev: In the pre-perestroika era, the public health agencies were protected from knowledge of the

international marketplace. That was the prerogative of the center. We ordered and they purchased. Now we have come to know these matters completely. The first independent steps towards imports taken by separate enterprises with hard currency demonstrated the bankruptcy of these attempts. They revealed exorbitant prices, but did not get that which was needed, not all of it. Our "Kazintermed" Union was thus formed for the rational use of state and private enterprise.

We are conducting a study of the current market for medicinal preparations and medical technology, and will determine the optimum price policies for importing articles for public health.

The second major direction of the activities of our Union is creating a pharmaceutical and medical technology industry in our republic, in the first place by attracting foreign investment, including forming joint ventures with leading medical companies. Formation of joint ventures should proceed in several stages: from "turnkey" technology to production of finished equipment, from tableting and packaging pharmaceuticals to the complete technological cycle. However, here we must emphasize that in a number of cases the production of pharmaceutical preparations is ecologically "dirty," so that in these cases it is possible that we will be limited to the final operations of tableting and packaging.

Among the other directions of the activities of the "Kazintermed" Union one must not fail to mention the creation of a paid medical service, the development of health insurance, and the creation of a national health insurance program.

Kazakh Health Minister on Syringe Production

93WE0234E Alma-Ata KAZAKHSTANSKAYA
PRAVDA in Russian 1 Oct 92 p 3

[Article by Mikhail Ambartsumyan, associate at the Kazakhstan Ministry of Health: "Economic Expediency of Treatment"]

[Text] KAZAKHSTANSKAYA PRAVDA has already reported recently to readers about the opening of a line in this republic for production of disposable syringes. The enterprise of the Polymer joint-stock company in Pavlodar is a pioneer in this vitally needed product.

My interlocutor, M. Kulzhanov, deputy health minister, considers this to be an outstanding event, which is in the interest of all Kazakhstan citizens.

Question: Maksut Karimovich [Kulzhanov], in essence medicine does not make any distinctions between people, all are equal for it. But the problem lies in that medicine itself is not getting equal attention, and it often suffers from incompetence, indifference and lack of foresight....

Answer: I should like to add that it also has the consumeristic attitude toward relying solely on budget-stipulated injections, making the welfare of this industry entirely dependent on it. This is an obsolete approach; at present, in the rigorous conditions of a market economy, it is utterly hopeless. For this reason, we are optimistic about the enterprising workers with initiative, who know how to do all that is possible under prevailing difficult conditions to provide a solid material foundation for the health service.

Question: You are probably referring primarily to the chief of Medpolimer, since our own Pavlodar disposable syringes prompted this conversation.

Answer: Yes, Serik Sultanov personifies the part (which is small as yet) of the "business world" that does not set personal gain as an end in itself; rather, it is doing something that is beneficial to all without loud words or smooth-spoken promises. It seems that this is a unique fact in Kazakhstan and, perhaps, the CIS; he distributed free of charge name-designated shares [of stock] with the right of inheritance worth 20,000 rubles among medical workers ranging from practical nurses to physicians. Thereby privatization of medical institutions did indeed come close to every employed medical professional. Many people will have a personal interest in the flourishing of Medpolimer, and the health care system as a whole will profit from this.

Let me recall once more that the first batch of disposable syringes number 100,000 was presented as a gift by Medpolimer to the Pavlodar Oblast Health Care Administration.

Question: This makes me happy, but still, let us not conceal the fact that the syringes themselves, which were awaited for so long, are still "incomplete," for they are being furnished without injection needles. For the time being, Medpolimer is purchasing these needles on the side. What next?

Answer: The society has a large statutory fund totaling about 300 million rubles. This permits erection of production buildings where the manufacture of injection needles made of high-grade steel will be set up in time. They will differ from those produced in Russia in that the needles will have a smaller diameter and they will be very sharp. All injections will be painless.

Pavlodar Oblast has a solid industrial potential. The administrators of this enterprise are engaged in negotiations with the oblast administration about future production of modern ultrasound diagnostic and other medical equipment.

Question: Medpolimer must be given credit for furnishing their products directly to the consumer, bypassing intermediaries such as Medtekhnika [medical engineering agencies]....

Answer: The mechanism of market economy relations does not tolerate idling that leads to costs that no one

needs. In this case, both the producer and buyer gain. For example, the cost of a disposable syringe to a medical institution is 4 rubles, but if Medtekhnika interferes in this process the cost rises to 6 rubles. Isn't this a graphic example? Comparable syringes that are purchased in Russia cost 5 rubles each.

Question: Maksut Karimovich, in our times it is unseemly to praise even those who deserve it. The praises sung in the Brezhnev era were foisted on us too strongly. But it is true that there are intelligent people working in Pavlodar Oblast.

Answer: I shall not act against my conscience in noting the unquestionable talents of Bolat Dyusembekovich Orazgaliyev, chief of the oblast health administration. He is boldly forging ahead to adopt elements of a new managerial mechanism, which are still new to us, but have long since been refined abroad and made a good name for themselves, of course, as they apply to the environmental, demographic and other distinctive features of this region. For the first time in our republic, Pavlodar Oblast has adopted standards for quality of treatment and examination of patients at all stages of rendering medical care, from feldsher-midwife centers, which are usually in distant grazing regions, to rayon hospitals. And, what is important, along with scope and quality, the cost of medical services is being demonstrated, which makes it possible to allocate funds strictly in accordance with need.

Question: But even talented organizers cannot overcome the negative aspects of financing as scaled to a hospital bed and physician's position. KAZAKHSTANSKAYA PRAVDA has repeatedly stated that it is high time to proceed from the cost to treat each resident, as is done in civilized countries of the West.

Answer: This republic's government has decided unequivocally that, starting next year, things will be just like that. This will immediately cause some changes. For example, in many large medical institutions there will be respecialization of hospital beds that are now standing empty and unprofitable. Some of the smaller hospitals will be simply shut down. The funds thus made available will be directed toward improving medical care to the socially most vulnerable strata of the population.

Question: Apparently, this principle for financing has sense if health professionals are materially interested in a high quality of medical and diagnostic services.

Answer: Of course. This is why it is imperative for our sector to be equated to the industrial sphere. Because health professionals restore the health of workers and, consequently, the economic potential of our society. Furthermore, intensification of medical production will open a real way to lower the cost of rendering medical care. Physicians will be remunerated on the basis of end results, that is, for a specific cured patient, rather than for hours worked.

Question: At the present time, there are endless debates about health insurance. Will it be economically expedient?

Answer: It was conceived expressly by the desire for economic expediency, and for this reason it should function like a system that is flexibly adapted to any region and even any section. It is only in this case that it will be part of an integral economic mechanism in health care.

Question: Many still do not understand what sort of a system this is, "which fork to use." Unfortunately, the press keeps repeating the term, like a curse, but I have yet to see a detailed discussion of its substance. And people have only the vaguest idea about the future law.

Answer: In accordance with the Law of the Kazakhstan Republic "On health insurance for citizens," now being written up, every citizen will be insured in accordance with appropriate payments with a personal code for a numbered document indicating the annual insurance sum and identification data. What is achieved by this? First of all, a person will acquire an economic interest in being healthy, that is, how to retain the original sum for as long as possible. The same applies to the employer with respect to health of his employees. At present we have neither the former nor the latter. It is a paradox, it is often advantageous for a worker to be sick. And the manager does not suffer from it. Because there is a saving in the wage fund, which is still regulated.

Further, it is necessary to decentralize the health and social insurance funds, and the employer should dispose of them. Then he will try in deed, rather than in word, to see that these funds are used to restore and strengthen the health of people for whom he is responsible, rather than to treat them.

If this is so, health insurance will rid us of former wastefulness, when administrators were compelled to spend moneys remaining at the end of the year for anything at all. The fliers of financial agencies that withdrew funds remaining in the budget hung over these administrators like the sword of Damocles, and it also meant a reduction of financing for the following year.

Our budget was depleted by gigantomania which obscured the real situation in this sector. Enormous hospitals were erected. It was impossible to maintain them in proper order. They boasted of a large number of beds, physicians, but all this was covered by considerable funds from a very small budget. Even now, 20-40 percent of the modern expensive equipment is standing idle, and it has changed into some sort of decoration.

The new approaches are already bearing fruit. For example, in the Abay Medical Association of Karaganda Oblast, physicians who are working well and efficiently earn 4000 to 18,000 rubles per month. I was there and became personally convinced that each of them is forging his success by his talent, persistence and skill.

And there are no complaints or offenses taken. Everything is determined by the actual contribution of a physician and, ultimately, by the health of the people.

Question: Could you tell us more about the practices in Abayskiy Rayon?

Answer: A system of voluntary insurance has been developed in the mines there. Miners contribute 800 rubles each. Management of the mines contributes 2500 rubles per year per person. And, for example, if a miner led a healthy life last year and was never sick, the money would be refunded to him. The employer also transfers a portion of his contribution to the worker, while the rest will be used to develop and improve the social conditions at this association. This is advantageous for all of us—society, the health professional and individuals. The different examples we have discussed were not cited to create a picture of well-being. On the whole, alas, things are not so good. There are extremely difficult problems. But these facts do indicate unequivocally, that the market economy mechanisms operate well in the health care system, if they are adopted with wisdom, planning and persistence.

Specialist Calls for Russian Tuberculosis Program

93WE0261G Moscow KOMMERSANT DAILY
in Russian No 23, 05 Oct 92 p 15

[Article by Tatyana Sotnikova: "Disease of Poor Hazardous to All. Threat of Tuberculosis Epidemic in Moscow". First paragraph is KOMMERSANT DAILY introduction in boldface.]

[Text] As professor Aleksey Priymak, director of the Moscow Tuberculosis Institute, Russian Ministry of Health, informed correspondent X yesterday, the likelihood of tuberculosis infection in Moscow today is high. The situation is complicated by the fact that it is difficult to detect this disease.

The institute director informed X that in 1992, 600 people had already died from tuberculosis in the capital, and there were currently 12,000 patients on the clinic records. However, available statistical data do not reflect the serious nature of the situation. Two years ago, mandatory fluorography was eliminated (prior to this we detected one victim for every 2,000 screened). Now the number of undetected cases of the disease is more than 50 percent. In addition, problems in the diagnostic base (70 percent of fluorography offices need repair) very often result in an incorrect diagnosis.

The dangerous trend is being noted throughout the country (especially in the northern regions, Northern Caucasus, in Krasnodarsk Kray, the Far East), but the situation in Moscow is exacerbated by migration processes. The chief sources of tuberculosis are ex-convicts, fugitives, and others that are inundating Moscow. Morbidity among them is forty times higher than among average Muscovites, since most of them are sick without knowing it. If the tuberculosis is not treated, its victims

die within two years, having infected in the meantime a huge number of those surrounding them (the tuberculosis virus is very contagious and is carried primarily through airborne droplets). Matters of infant morbidity are extremely alarming. By 12 years of age 60-80 percent of children are carriers of the infection. The probability of subsequent infection is extremely high, considering the exacerbation of the ecological situation and the assortment of far from perfect produce.

It is Aleksey Priymak's opinion that only by adopting and implementing this government tuberculosis program in the near future can we decrease morbidity.

Official Inaction Blamed for Rise in Infectious Diseases

93WE0236A Moscow PRAVDA in Russian 6 Oct 92 p 2

[Article by Valentina Proskurina: "Infection With a 'Democratic' Leaning"]

[Text] We continue the publication of materials based on information from the Russian Federation State Committee for Public Health and Epidemiological Inspection. See the 26 September issue of PRAVDA for the first article.

The State Committee for Public Health and Epidemiological Inspection calls the epidemiological situation in Russia dangerous. Each year over 40 million cases of infectious diseases are recorded, of which 25,000 end in death. This year growth is observed not only in dangerous infections such as diphtheria, tuberculosis and scabies, but also ones even more terrible than the former—typhus, tularemia, typhoid fever, anthrax, encephalitis, syphilis.

What is this invasion associated with? The cause definitely has a "democratic" leaning. Judge for yourselves.

The democratic press and Russian radio hastened to proclaim immunizations to be not only unnecessary but also harmful, without taking the time to analyze things. What has been the result? In a year, the incidence of diphtheria has doubled. Upon whose conscience do the 22 deaths weigh?

More and more people are finding themselves out in the streets at the fault of the authorities. I am referring to both the unemployed and refugees. For them "freedom" has meant tuberculosis (increasing by 9 percent), syphilis (101 percent) and pediculosis (14 percent).

Sexual freedom, which yellow "democratic" publications had encouraged so vigorously, has created a situation where the incidence of syphilis has doubled in a year. We have recorded 1,018 cases of gonorrhea in children up to 14 years old! AIDS isn't dozing either. Thirty-eight new victims (only just revealed) have been struck by the virus. And the total on record is 563. Sixty-nine have already passed over to the other world.

The Russian government and its local representatives are clearly trying to save money where they shouldn't be

doing so—in sanitary well-being. Control over the slaughtering of farm animals has weakened, as a consequence of which we get reports of anthrax in Stavropol and Tver, and trichinellosis in Moscow, Severodvinsk and Kaliningrad. They decided in Siberia and the Far East to economize on treating new dacha plots and recreation areas for ticks, as a result of which encephalitis has experienced sharp growth—4,400 cases, and people have become disabled.

The authorities are "economizing" on rat control. Capitalizing on such confusion, rodents have become active. Let's leave aside the estimates of how much of our food they have eaten, in the face of our meager ration—we are talking about something else: Rodents carry agents of the most serious diseases. Statistics note a sharp increase in them in recent years. Recently a 30-year-old man died in a family with which I am acquainted—he was infected by mice at his dacha with hemorrhagic fever coupled with the renal syndrome. Reports of such cases are coming from all corners of Russia: Just this year alone, over a thousand cases of this fever have been recorded. Annual growth is 65 percent.

Also growing are the numbers of tularemia (270 percent growth) and leptospirosis patients. These infections also belong to the dangerous class, and they are carried by rodents.

An example of how successfully mice and rats can be propagated is Moscow's mayoralty. There is perhaps no dirtier city to be found today in Russia. Even elementary cleaning is poorly organized. The clean Moscow metro has lost its former glory, and rats in it are not at all some fantasy. The capital is listed in the first lines of tables of practically all diseases. But it appears that the mayor's office is not about to stoop to such minor details. The city has an urgent need for all-out rat control with the participation of all services. Who is organizing it? You're not going to get any help from "laboring Moscow"!

Medical personnel are especially troubled today by pediculosis. "Even during the war, lice were never so widespread," they say. "One hundred seventy-eight thousand cases have been revealed this year, with over half of them being children."

The main foci are Krasnodar Kray, Moscow and St. Petersburg. The reason why is obvious—refugees and transients. And as a consequence, those menacing alarms: In 8 months, 41 cases of typhus were reported, including in Moscow. We're in for it now, as they say.

L. G. Podunova, the chief physician of the Russian Republic Information and Analytical Center of the State Committee for Public Health and Epidemiological Inspection, commented on these figures with great alarm:

"Without exaggerating, the population's sanitary and epidemiological well-being is in jeopardy, because no one is obeying the law, especially the new structures—the concerns, the joint-ventures, the cooperatives. There are

cases where the authorities have issued licenses without our permission. There are an especially large number of examples of this sort in Moscow. Moreover few know that they have the right to demand compensation for damage to their health in court. This is documented in the law on the sanitary and epidemiological well-being of the population, but the mechanism of collection is non-existent, since the Russian Ministry of Finances has been unable to sort out the necessary documents over a period of a year.

"Remember how much noise was raised about Russia's first time ever adoption of such a democratic law! Well, as they say, it isn't the first, and it won't be the last. However, whether the new government likes it or not, if it refuses to pay now, then in the not to distant future it will have to pay tens and even hundreds of times more, when the infections spread unchecked over Russia.

"It is also very important for all of us not to give up. The government alone will not be able to deal with the dirt. Such that I want to tell the people to be vigilant themselves. As they say, if you are poor, you can still have pride in your cleanliness."

Uzbek Ophthalmic Microsurgery Center

93WE0260F Tashkent PRAVDA VOSTOKA in Russian
06 Oct 92 p 3

[Article by V. Demin: "Surgeon with a 'Conveyor for Restoring Sight'. His Operations in Tashkent Medical Institute Help Others See the World Again". First two paragraphs are PRAVDA VOSTOKA introduction in boldface.]

[Text] To date the words "technology", "automated line" or "conveyor" have offended the ears of many venerable physicians when used in regards to medicine. This in spite of the fact that the "Fedorovskaya Industry for Restoring Sight", an interbranch scientific complex of "Ophthalmic Microsurgery" with twelve branches, has been operating for several years. Here such concepts are a daily occurrence. The circular operation conveyors "Romashka" and the shift teams of first class specialists make it possible to perform up to 500 operations a day and 300,000 per year.

Many Uzbeks, even those who have never been outside Uzbekistan, have become convinced of the skill of the microsurgeons. Of course, the clinics of the Tashkent Medical Institute do not have a "Romashka", but they do have specialists that have been fully trained in the "Fedorovskaya" method.

It is the sixth year that it has been used here, in the ophthalmic ward. Microsurgeon Abdusamad Akhbarov is one of the many students and followers of Svyatoslav Fedorov. Under his guidance, the capable Tashkent physician defended his dissertation. And now, with continuous advancement in the MNTK [as published] and experimentation, he has begun work on his doctorate. The years of study have not torn this present-day

Moscow physician from his birthplace, the familiar operations in the Tashkent Medical Institute, and the numerous patients that come to him from everywhere.

As before, he gives the clinic his all every day, without considering the time or fatigue. "He can move earth without a shovel, he's a hard worker, a good-natured person, and has a good mind," said the general director of the MNTK, one who is generally slow to praise, about Akhbarov. And Abdusamad is "growing": he is able to operate on up to ten patients a day and still spend hours in consultation.

Those interested in his operations include not only the patients and his future colleagues, students of the Tashkent Medical Institute. And who knows, maybe acquaintance with Dr. Akhbarov will govern the choice of future medical specialization for some.

In addition: glancing at the endless line of his "unseeing" fellow citizens, Abdusamad is increasingly convinced that here, in Tashkent, the need for his ophthalmic microsurgery center with trained specialists, modern equipment and instruments is vital. Several physicians, as soon as they complete residency at the MNTK on the old base, cannot cope with the "pilgrimage" of the patients. After all, behind them are the statistical percentages—hundreds of thousands of eyes with cataracts, glaucoma, astigmatism, strabismus, progressive myopia... An entire sea of human misfortune and suffering.

A quiet, peaceful melody "floats" through the operation room. The voices of the working microsurgeons are dissolved in it, and the cutting and stinging sensations of the person on the operating table are "softened". But the 10-15 minute operation requires of the surgeons maximum concentration and harmony of actions. This is how the simple Akhbarov "invention" of operating to music came about.

...Under the operation microscope is the eye of a still young woman, an eye destroyed by a cataract. The disease threatens not only occupational uselessness, but also almost complete disability. Therefore, pediatrician at the Samarkand Pediatric Institute, Mafura Bakhramova, went "under the knife" without any hesitation. The first time Akhbarov "fixed" her left eye, now he is operating on the right eye.

For him, removing the cataracts is always only a preparatory step. Then begins the main work: in place of the opaque "unseeing" natural lens a new, artificial lens, an intraocular lens, is inserted. Such operations are Akhbarov's pet subject. A novel design that he developed for such a lens and the aspects of its implantation became in time the basis for his candidate's dissertation. He prepared very thoroughly to defend it in Moscow. After all, in order to propose something novel and promising to the "sight-restoring industry", you need to study a great deal and figure out much on your own.

It is probably remarkable that Abdusamad was born when ophthalmic microsurgery was just beginning to make its first advances into the future. In 1979, the English surgeon Ridly was the first to replace the natural lens of a patient's eye with an artificial lens. Two years later on the other end of the earth the Japanese Sato attempted to eliminate myopia by making incisions in the cornea. Now, 40 years later, an ordinary surgeon at the MNTK usually begins his work day with such intricate operations.

But in order to make this possible and an everyday occurrence, the efforts of entire generations of ophthalmologists were needed. Among them the "Fedorovskaya" ophthalmic conveyor phenomenon is especially weighty. Like many of his colleagues, Abdusamad, who has the personality of the founder of the MNTK, also believes that professional development and the choice of important landmarks are associated.

The day we were at the Tashkent Medical Institute, the operation team that Akhrrarov was working with had the most ordinary "flow" of patients with common diagnoses. We did not see here the "miracles" of instant healing. They happen only in fairy tales. The common, rapid and harmonious work proceeded, a diligent but difficult duel with blindness. And the victory in it is not at all a blessing from above, but is proof of the ability and talents of the physicians.

The tiny, transparent collagen lens is barely distinguishable on the hand. It helps the diseased eye again see the world. This vital "detail", like incidentally, many other of his manual microinstruments, Abdusamad brings every time with him from Moscow. Such minute items, needles, and threads as delicate as a spider's web for surgical sutures, etc., must often be bought with hard currency.

They say that vision is more dear than money. But in the outside world market realities and life often force us to deal with them. The operations that Akhrrarov performs here cost a great deal abroad. And if such a specialist had a modern base and more colleagues trained at the MNTK, he could also operate on independent foreigners—for hard currency. And since Akhrrarov's "productivity" is high, budget monies necessary for the construction of a specialized center for "Ophthalmic Microsurgery" for Uzbekistan residents could quickly be recouped. Perhaps we should think about this...

Abdusamad will soon be going to Moscow again: without a solid base the doctor will not make out. Lying ahead the new difficult path of knowledge is a long line of searches and experiments. But in the great science that is forever running away, Akhrrarov has already learned to differentiate what is important, and what will bind his Motherland, Tashkent, colleagues from the Tashkent Medical Institute, and hundreds of fellow citizen-patients together. They desperately need his hands, knowledge and experience, which will sometime help create here our own "conveyor of restoring sight".

International Exhibit 'Hospital-92' in St. Petersburg

93WE0234D Moscow DELOVOY MIR in Russian
8 Oct 92 p 1

[Article by Arkadiy Bogoraz: "'Hospital-92' in St. Petersburg"]

[Text] The "Hospital-92" international exhibit opened in St. Petersburg on 7 October. In the port on Vasilyevskiy Island, about 200 firms from 20 foreign countries, as well as 70 organizations and joint enterprises of Russia and Commonwealth states, exhibited their products on an area of 9000 square meters.

The Swiss firm Morag and Lenexpo organized the exhibit.

In actuality this is a display of trends in engineering equipment for health care. The leading medical firms of the world participated.

It should be noted that, in recent times, the operation of foreign firms in Russia and CIS states in the field of medicine has become quite complicated. While there were previously two customers for medical equipment and drugs—the health and defense ministries—at present there are hundreds of medical sections at plants, construction sites, mines, and collective farms in addition to republic and oblast health departments. And, in order to meet with these new consumers, the firms are searching for new ways to work, they organize exhibits and presentations in different parts of the Commonwealth. In this matter, the Indian firm, Dina International, has set an absolute record; in the last 2 years it has organized 13 agencies on the territory of the former USSR: in Moscow, Baku, Kiev, Ashkhabad, Minsk, Riga, St. Petersburg, Krasnoyarsk, Novosibirsk, Pyatigorsk, Magnitogorsk, Kemerovo, and Rovno. DINA INTERNATIONAL represents the interests of several leading firms in the FRG, United States and Switzerland.

Harish Kotlia, president of the firm, stated in a conversation with a DELOVOY MIR correspondent that "We are organizing our work in such a way as to rapidly familiarize health professionals in all regions of the former USSR with the latest medical equipment, and can deliver it to consumers in the speediest way. We are trying to do everything we can for the CIS to have at its disposal the latest technology as soon as possible and for specialists at clinics and laboratories to learn the latest diagnostic and therapeutic techniques. We deliver both individual instruments, and complete office and clinic equipment. Aware of our hard-currency problems, we are trying to sell equipment for rubles as well.

"In addition, we fulfill our contracts at the lowest possible prices and guarantee its high quality. The equipment produced by KARL STORTZ, AESCULAP,

KAWO AND IWOKLAR (FRG), BECKTON DICKINSON (USA) and others, whose interests we represent, has earned the praise of your health professionals.

"This year we are organizing a comprehensive program of exhibits, a sort of "cruise" over CIS and Baltic states and regions. We have already shown our exhibits in Riga, Kiev, Moscow, Tallin, Tolyatti, Krasnoyarsk and Alma-Ata. And now, in Petersburg, with which we have long-standing friendly ties. We have outfitted the medical sections of the Lenneftkhim, Pigment industrial associations, and the "Metal Plant," as well as hospitals No 17 and imeni Chudnovskiy, and several others with stomatological equipment, endoscopic instruments and laboratory equipment."

There are scientific symposiums, commercial and scientific-technical centers at the Hospital-92 exhibit.

The address of the DINA INTERNATIONAL agency in Moscow is Kashirskoye shosse [Road] 24; telephone 323-75-33; in St. Petersburg it is Moskovskiy prospekt [Avenue] 186; telephone 213-74-53.

Bulgarian-Kazakh Joint Construction of Hospital in Kzyl-Orda

93WE0260G Alma-Ata KAZAKHSTANSKAYA
PRAVDA in Russian 14 Oct 92 p 1

[Article by Vladimir Li: "First Brick is Placed".]

[Text] A government aid program for the ecologically afflicted kray is taking shape. In Kzyl-Orda the first brick was solemnly placed for the construction of a new hospital complex. This unique complex, the design of which was developed by architects from Sofia, will occupy an area of 90,000 sq. meters. The medical center will have a 660 bed hospital, a polyclinic for 1,200 visits, a 250 bed hotel, a helipad, and much more. The cost is 20 million rubles. The Kazakhbolgarstroy trust will build the hospital complex (there is nothing like it in any of the Commonwealth republics).

During the founding of the complex on the construction site there was a meeting at which Mr. Peshev, president of the Glavbolgarstroy company who came especially for the celebration, spoke. He said that the Bulgarian specialists were performing a noble mission by erecting the hospital in an ecological disaster zone. This joint work will undoubtedly strengthen the friendship and economic ties between Bulgaria and the Republic of Kazakhstan. S. Shaukhamanov, oblast administration director, also spoke at the meeting.

Kazakhstan Plans Construction of Sanitoria

93WE0260D Alma-Ata KAZAKHSTANSKAYA
PRAVDA in Russian 10 Nov 92 p 4

[Article by Vladimir Li: "Sanitoria in Zhanakorgan".]

[Text] Kazakhstan's sanatoria are not yet wealthy. But Kazakhstan has enough splendid health resorts and

therapeutic resources. One of them is in Zhanakorgan in Kzyl-Orda Oblast. The sanatorium has been operating here for many years, and local doctors have used the therapeutic medicine to heal several thousand patients. But the sanatorium is small and cannot accept all who need treatment. Last year sanatoria in the Crimea and Caucasus helped sick Kazakhs. Now they cannot afford it. The Kazakh government resolution to construct a sanatorium in the health resort zone in Zhanakorgan appears prompt. Two multiprofile sanatoria will be built in the coming years.

Kremlin Hospital Admits Non-Elite Patients

93WE0237C Moscow ROSSIYSKIYE VESTI
in Russian 14 Nov 92 p 2

[Article by I. Vasilyeva]

[Text] I heard that now the Kremlin hospital has begun to be a treatment facility only for the select few. I wanted to know, how can one get treatment there, where is it located, and how much a stay there costs.

Over the course of a week, we tried to connect with the management of the Central Clinical Hospital, called by everyone in the country the Kremlin hospital. After long conversations with strict (also as usual) secretaries, the opinion of the high authorities was communicated to us: Publication of a response to readers' questions was undesirable, because data on the cost of a stay in the hospital becomes outdated very quickly.

In contrast to the bureaucrats, the editors could not permit themselves to avoid paying attention to the question which interests people. Therefore we are reporting the minimal information which we succeeded in obtaining from the bureaucrats of the intractable authorities.

Thirty percent of the Central Clinic Hospital's in-patient funds are used for paid treatment of patients. The hospital has agreements with a series of enterprises, which stipulate that a predetermined number of beds per year are reserved for them. The enterprises pay an advance deposit corresponding to the particulars of their agreements, with the final reckoning produced after patient treatment.

Seventy percent of the in-patient funds, as usual, is financed from the state budget for medical services to hospitalized workers from the Presidency and Government offices, members of the Russian Supreme Soviet and their wives (or husbands) and children to 16 years of age.

How can people who are not among those "registered" for this hospital or part of an "agreement" stay there? Theoretically, any citizen of the Commonwealth of Independent States ruble zone can seek medical assistance. One must make an application for hospitalization or examination. Medical conclusions with the diagnosis or an extract from the ambulatory chart must be attached to

the application. In addition one must have a permit for in-patient treatment from the rayon polyclinic where the patient lives. Hospital stays can be either prepaid or not. If not prepaid, the patient must have a guarantee letter from his enterprise.

The question of hospitalization is resolved over two-three days, depending on the diagnosis. In this one must keep in mind that patients who transfer from other hospitals are not accepted, as well as those suffering from all forms of trauma, poisoning (except food poisoning), or requiring cardiological or neurosurgical operations.

After consultations the course of treatment is determined and its cost established for the enterprise. The final bill is determined at the end of treatment. Out-of-town patients must consider that the hospital has no hotel, so before coming to Moscow they must make arrangements to stay several days, which are necessary for consultation and registration.

The answer to your "uncomfortable" question, how much does treatment for a simple mortal at the Kremlin hospital cost, is that readers may get individual responses. Call the commercial department of the hospital at the telephone number (095) 414-02-00 or (095) 141-51-68. Address: 121356 Moscow, 15 Marshal Temeshenko Street.

St. Petersburg Ecological Atlas Shows Disease Distribution

93WE0260A St. Petersburg SANKT PETERBURGSKIYE VEDOMOSTI in Russian 18 Nov 92 p 5

[Interview with A. A. Keller, by I. Vasilyeva, place and date not given: "Map Shows Diseases in City". First three paragraphs are SANKT PETERBURGSKIYE VEDOMOSTI introduction.]

[Text] An ecological atlas of St. Petersburg has been published. True, a small number of copies were issued, only 10,000 (the ecological association "Monitoring" did not have the funds for more). It's a pity, since it is the first time an ecological atlas of a major city has been developed, not only in St. Petersburg, but in the world. It includes ten maps, which reflect the topographies, atmosphere, water, soil, and plants in the city. Special maps are devoted to the radiation situation, noise level, electromagnetic fields, etc. Approximately 20 of the largest scientific and teaching institutes, establishments, and specialists from a wide range of fields were involved in compiling the atlas. The specialists also included medical geographers.

At first glance, medicine and cartography seem to be far removed from one another. However, these disciplines have much in common. Medical geography is the study of the effect of geography on the health of a population. No too far back in time a related science appeared, medical ecology, which seeks the ties between the development of diseases and deleterious ecological factors.

The St. Petersburg Ecological Atlas includes several medical maps. The first is a complex integral evaluation of the degree of medicoecological well-being in the rayons of the city. We asked Artur Arturovich KELLER, director of the medical geographers group, to comment on the work performed.

Keller: After prolonged investigations, we selected 22 of 10,000 diseases (according to medical nomenclature). We selected those most closely associated with changes in the environment. They are a peculiar type of barometer of the degree of medicoecological well-being.

Vasilyeva: Which rayons were the least desirable?

Keller: Petrogradskiy, Vasileostrovskiy, Oktyabrskiy, Smolninskiy, and Moskovskiy. The situation in Kirovskiy and the southern part of Kalininskiy and Vyborgskiy rayons is also critical. Respiratory diseases are the most common for St. Petersburg. Inhabitants of the old rayons, which have many industrial enterprises and major transportation lines, suffer most often from the respiratory diseases. The best rayons are, for example, Primorskiy and Krasnoselskiy.

In addition, we studied the structure of morbidity within the rayons themselves. For this we used four indexes: total infant morbidity, infant mortality, and morbidity with atopic dermatitis and bronchial asthma (both diseases are associated with the presence of allergens in the environment).

It is no accident that we chose the health of children. It most clearly shows the situation in a small part of the rayon. After all, children generally live in a restricted area and do not "travel" in contrast to adults, throughout the entire city. In addition, they are more sensitive and less protected from negative factors. As a result of the research, it seems that one of the vectors for the deteriorating medicoecological situation is aimed at the periphery to the shore of the Neva. That is, the pattern is the same as is found on the scales of the city: the worst conditions are where there are the oldest houses and developed industry. The second vector of deterioration is aimed from the northwest to the southeast.

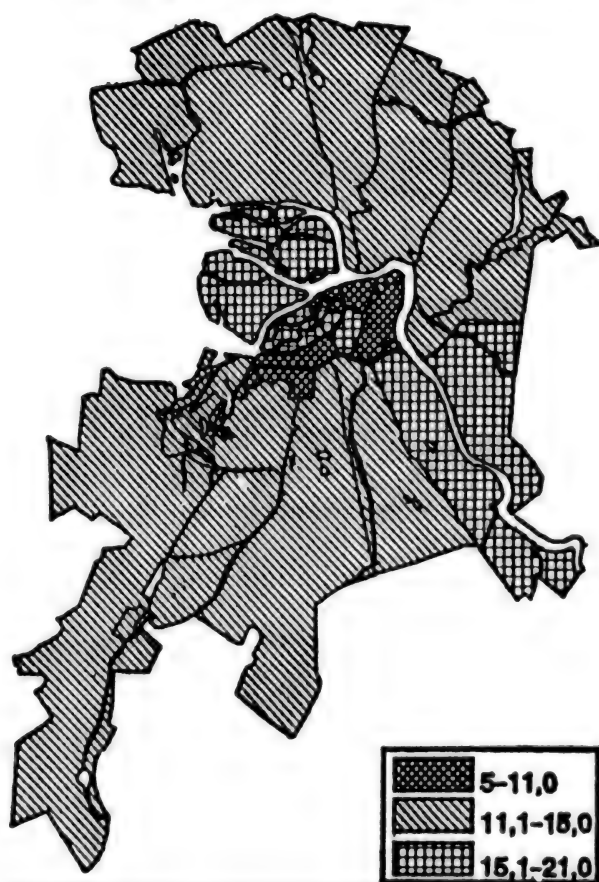
In addition to the maps in the atlas, a separate medicoecological map of St. Petersburg was prepared. The investigations date back to 1978. Such painstaking work made it possible to show on the map details such as the elevation in background levels of heavy metals in the dust of apartments and on the walls of the buildings. Incidentally, some quite unexpected things were explained: the highest levels were not found in the apartments whose windows look out on the major, heavily traveled streets. The wind scatters the dust with the toxic impurities on the streets, and so it accumulates in the courtyards. As far as the outside walls are concerned, the most heavily polluted were those at the third and fourth stories, not the first.

Vasilyeva: Artur Arturovich, aren't you afraid that these maps will cause St. Petersburg residents additional stress? Someone finds out that his rayon is not the best...

Keller: Education and knowledge open a person's eyes. It is always better to know about your disease in order to be able to arrest its development. It is another problem that cannot so easily move when we desire to do so. Therefore, it is my deep conviction that rent should depend not only on the conveniences and size of the apartment, but also on the medicoecological conditions of a given rayon.

Respiratory Organ Diseases (per 1,000 persons)

Болезни органов дыхания (на 1000 человек)



In addition, we can't place all the blame for not feeling well on the environment. If a person does not eat well, is under constant stress, works tirelessly, even the most splendid ecological situation will not preserve his health. But we also cannot say that morbidity is in no way dependent on the environment. But I hear such beliefs frequently, even at ecological conferences. They evidently stem from the recent postulates like "In a sick Union, even the healthiest is sick" or "Our environment is the best". The subject of morbidity was closed for a long time, almost secret, and therefore publications about this were extremely rare.

Chinese Aid to Kazakhs in Eastern Medicine

93WE0260B Alma-Ata KAZAKHSTANSKAYA
PRAVDA in Russian 25 Nov 92 p 2

[Article by Konstantin Kim: "They Are Lining Up for the Chinese Healers".]

[Text] A team of highly skilled physicians headed by Mr. Zhu Shi Don has arrived from neighboring China with humanitarian aid for the people of Panfilovskiy Rayon. The team includes two professors—diagnostician Lyu Dzhin Kha and gynecologist Maynur Ibragim, an experienced physical therapist, acupuncturist, pediatrician, x-ray technician, masseur, and other specialists. They also brought with them a "green" pharmacy, which includes more than 400 types of drugs and preparations made from herbs. This stands to reason, since Chinese physicians treat most of their patients with eastern methods that are still nontraditional for us.

The team of doctors from the People's Republic of China is now accepting patients in the largest local village of Korktal. Treatment is generally free of charge or at reduced rates. The cost of drugs has been cut in half. The foreign specialists will work in the rayon for one year. They have established in-room observation for their patients. Repeat visits are performed free of charge.

Panfilovskiy Rayon, with its developed irrigation agriculture and heavy use of chemicals, is considered one of the poorest with respect to public health. So the Chinese physicians have come here with charity in mind.

Reaction to Insurance in Kursk

93WE0235D Moscow PRAVDA in Russian 8 Dec 92 p 2

[Article by special correspondent Valentina Proskurina: "Bending Us Over Their Knees: Medical Insurance—View From the Periphery"]

[Text] While battles are raging in the capital over the health insurance law, medical workers in the provinces are taking a careful look at work in the new way.

"What can we do! The law has been enacted, and we have to follow it!" said M. A. Kozhukhov, director of the Kursk Oblast Health Department.

But to be honest, there was no joy in his voice. And anyway, what does he have to be happy about? There's less than a month to the new year. A well-tuned system of free health care is operating stably in the oblast. The same kind of system that the World Health Organization recommended as a model in its time. And the rank-and-file doctors are extremely displeased:

"We shouldn't dismantle the old in such difficult times. If they would just provide financing at the most modest level, we would be able to provide quality health care at the needed level."

To be frank, no one in Kursk believes that money will flow from insurers. And especially into the state pocket.

"The state financing source still hasn't been determined," said M. Kozhukhov. "There are plans for taking 11 percent out of the pension fund for health insurance. Understandably there are many opponents to such a project. Nor does anyone know how much the mandatory insurance premium should be. Determine that locally, they say. But here, calculations are made on the basis of current levels. Only 60 percent of our most modest needs are presently being financed. So what does this mean? Is this planned poverty once again?"

In the last quarter of this year, miserly amounts were allocated for just the most basic necessities—medications, food for the sick, wages for medical personnel. Not a kopeck is available to repair the buildings and equipment, not to mention acquisition of new equipment, furniture and transportation. The prediction for 1993 is that only 5 out of the needed 14 billion rubles will be provided. And then there is still the need for establishing insurance middlemen that will handle the money. No one has calculated how much it will cost to maintain them. But it is clear that they will tear a substantial piece out of the thin medical pie.

And even establishment of health insurance companies in Kursk is under considerable doubt. It states in the law that their assets must not be used for commercial purposes. This of course is right. But on the other hand there is no interest in establishing such companies. The miserly charter capital inspires no one. Does this mean that we will have to establish these companies by edict? What have we been fighting for?

The oblast has a population of 1,300,000. Around 700,000 are unemployed. According to calculations of the oblast health department the insurance premium paid by each unemployed individual and by each worker employed by a state-run organization will have to be R 11,000 (not counting for inflation). And in the best case it will be 3,500. So judge for yourself how health insurance will "improve" the quality of treatment!

Could it be, then, that all of our hopes must be laid upon entrepreneurs and wealthy industrialists? But as is true everywhere else, Kursk is experiencing a production slump. Moreover the mechanism by which to collect this money has not been determined.

"We believe," said M. Kozhukhov, "that an exact premium should be established only for workers of state-run organizations. In the case of industrial and commercial structures, we need to determine the amount of the insurance premium to be paid from the wage fund. Only then will the principle of having the wealthy pay for the poor operate."

But alas! Justice is not always compatible with the thirst for profit. Seeing that things might go this way, businessmen are already objecting.

"What is the solution?" I asked the oblast health department director. "It is easy to criticize. But can you offer something else instead?"

"I feel that this large-scale, all-encompassing transition to health insurance in our country has not been fully thought out. Many countries that have traveled this path have abandoned it. In England for example, there is much more state medicine than insured care. They have borrowed our experience of working for the end result (as with S. Fedorov), and they have successfully introduced it. In our country we need to establish a clearly determined tax on public health, introduce voluntary insurance for enterprises and citizens, make private practice permissible, and develop departmental medicine. All of the woes of our public health stem from chronically meager financing. I would vote with both hands for insurance if it could solve this problem."

But it seems that in Kursk, as everywhere else by the way, the passions centering on health insurance are more of a problem to doctors than to patients. I tried talking with people in polyclinics, and in the street, to find out what they thought about health insurance. Most had no comprehension of this innovation, while others listlessly replied:

"To dismantle something, and not rebuild. We have already dismantled so much!"

Increase in STDs in St. Petersburg

93WE0321E St. Petersburg NEVSKOYE VREMYA
in Russian 17 Dec 92 p 2

[Article by Irina Ozerskaya: "Children Answer for Adults' Thoughtlessness"]

[Text] "Three or four years ago, medical people were skeptical about the prediction that, by the mid-1990s, the number of cases of venereal disease in St. Petersburg would grow severalfold and would, by the year 2000, exceed the peak that we reached in the 1960s." That's how dermatologist Mikhail Starchuk began his chat with journalists in the city venereological hospital. "Today, all our achievements in the struggle against those disease have been reduced to nothing, because preventive structures have been 'rolled up.'"

Not only is the number of cases growing, but they're also "getting younger." Figures are usually more convincing than emotions: Today in the city, 5 percent of all those infected with syphilis are children 10-16 years of age. In the first six months of this year, 48 schoolchildren came down with gonorrhea (over the same period last year, the number was 32). A total of 247 adolescents in the city have been infected with gonorrhea, which is a much higher figure than any in the 1980's. Three children under 10 have syphilis (over the first six months of last year, no cases were recorded).

Medical people are finding it difficult to say how many adults overall in the city have caught the "disease of

love," because the broad network of commercial treatment facilities does not provide such statistics to the state hospitals.

In addition to the diseases with the standard diagnosis—whose effects are unpredictable because they affect the internal organs, the nervous system, and the osteomuscular system—second-generation venereal disease have become widespread, and their diagnosis is more complex, because of the involvement of infectious viruses. Throughout the world, those diseases are considered a national disaster. Diagnosis in such cases is incredibly expensive, and not all the effects have been thoroughly studied yet.

Skin diseases—fungal diseases, scabies, and pediculosis—are on the rise. That was especially clear in the fall, when our children were returning to the city from the recreation camps and the villages.

So why in the mid-1990s has such a sad situation come about? Specialists give several reasons. First—and this was already alluded to above—there's the absence of fundamental education in the schools, VUZes, vo-tech schools, and, well, in the home. Our children prefer to get the information from their peers or from older "friends," but not from physicians or parents at all. I fully understand the assertion of almost every mother that "that wouldn't happen with my child," but it's still better to gather your courage and have a little talk with your adolescent offspring on this ever so ticklish subject than to "chew your nails" later.

The second reason is the lack of needed medications. There is nothing with which to treat mycoses—fungal diseases or the most elementary pediculosis. Someone who finds himself in such an unpleasant situation must get some kerosene or collect medicinal herbs in the forest and recall the prescriptions of our grandmothers. The arsenal of antibiotics in the pharmacies is small, and there are not antiscabies agents. Farmatsiya, the medical people feel, is not in a position to provide the hospitals with drugs, and how the treating physicians are "getting by," God only knows.

The third reason is the preference of many patients for commercial structures and physicians who are engaged in private practice. Our prejudice against state skin-venereological dispensaries is understandable, but it's not possible in all the private clinics to perform thorough analyses, and not all commercial treatment organizations approach that task with the proper responsibility. Medical people cite a good many examples in which St. Petersburg residents have gone to state hospitals after they were supposedly already cured in private clinics, but who turn out in fact to have the most neglected forms of disease. The growth of the network of anonymous offices is a progressive idea, but informing all one's partners that you have a disease is still up to the infected individual.

With the exception of the drug shortage, all the other reasons for the dramatic growth of these diseases depend

have to do with all of us. And if you can treat your own life and health irresponsibly, what about that of your children? By the way, last year in St. Petersburg, two children were born with congenital syphilis.

Kazakh-Korean Cooperation in Construction of Hospital

93WE0261D Alma-Ata KARAVAN in Russian
18 Dec 92 p 5

[Article by Saida Suleyeva: "Help Them Survive". First paragraph is KARAVAN introduction in italics.]

[Text] You might remember that in 1990 Dr. Lim from South Korea came to Alma-Ata. After learning of our numerous problems, the doctor decided to help us with one of our problems. After returning to Korea, he began to collect money for the construction of a hematology center in Alma-Ata. This was reported in all the newspapers. But two years have passed, and we have no center. And the children with leukemia are many, as before.

I was able to learn from the chief hematologist of Kazakhstan, Kulyam Omarovoy, whether anything had changed in this field of public health.

Discussions on the construction of the center were fortunately no longer on paper, but were actually taking place. Eight hectares of land in the Alatau collective farm, next to the Pediatrics Institute (which has a hematology ward of 30 beds) has been allocated for the building. In May the foundation pit was excavated and they are now laying the foundation. Both Kazakh and Chinese engineers, with whom a three-year contract has been signed, will build the building. The building will be paid for with money that is now being collected by Dr. Lim, and also by funds from the specially established Kazakh-Korean enterprise "KraLim". Funds from this enterprise and the Ministry of Health will support the clinic personnel. The equipment and drugs for the first 5 years of operation will be supplied by the Korean Physicians Association. But the center will not begin operating for at least three years, and children need to be treated now. Yes, all of the somatic wards in the oblast cities have five to ten beds for leukemia patients, but they do not have the specialists and equipment. It is not possible to send the children for treatment in western countries because there is not enough money. Judge for yourself: treatment in Germany for one child is 120,000 German marks, and we have more than 300 children today with leukemia. How do you select the children, and what criteria do you use: you can go and you can't? Of course, there is no one that could do this. But it is simply unrealistic to send all children for treatment. There is only one solution: to use the same methods of treatment that are available in the West, but for this we need experience, equipment, and drugs. But we cannot wait for the hematologic center to be built; children are dying, although many of them have the chance for recovery. After all, according to the Soviet protocol for

treatment, only 5-30 percent of children survive, but the Germans have a 70-80 percent rate. The difference is tangible, and we are talking about children's lives here.

And here again we could not have done it without the help of foreigners. The German charitable organization "KER-Germany" in cooperation with the International Charity and Health Fund is planning to open 12 oncohematologic centers in the Commonwealth countries: ten in Russia and two in Kazakhstan (one will be in Alma-Ata and the other in Karaganda). The program involves the teaching and training of specialists and also the support of the centers with equipment and drugs. But this will only be done under the condition that the oncohematologic center will have 60 beds and will be fully equipped with new equipment (beds and linens, blinds, etc.). It would be criminal to waste such a chance, and therefore the Pediatrics Institute (the oncohematologic center will be opened there) has given another 30-bed ward to the center. The Kazakhstan Ministry of Health has allocated five million rubles for repairs and the purchase of equipment. The center will be opened by November.

While the entire world is helping us, some with experience, some with hard currency, some with drugs, our own enterprises and entrepreneurs are silent. And there are more than enough problems in hematology. "KER" will supply the center with drugs for one year. After that we will have to find other Maecenas, preferably permanent ones.

In Minsk, the enterprises are donating furniture and televisions to the hematology center. The Children's Fund has allocated 170,000 rubles to us for the purchase of televisions (they are absolutely essential, just as is suitable furniture and the remaining stock, since the children are in the clinic for 7 months). Understandably, nicely decorated rooms, televisions and toys also play an important role—they help the children forget about their illness and where they are. We need to take into account that for many children this is the last stop, and not all of them will be returning home. I hope that both the physicians and the people far removed from medicine can understand this. The statistics show that an average of 150 children fall victim to leukemia each year in the republic. And they all need our help.

The charitable fund "Childhood Leukemia" No. 700161203/700904 in "Tekhnopolis-Bank" in Alma-Ata, and No. 67084/702070089 in Kazvneshekonombank.

Syringe Manufacturer Leads Kazakhstan's Medical Industry

93WE0234B Alma-Ata KAZAKHSTANSKAYA
PRAVDA in Russian 22 Dec 92 p 4

[Article by Sergey Gorbunov, KAZAKHSTANSKAYA
PRAVDA correspondent: "A Million Mercy Syringes"]

[Text] It took less than six months for the Pavlodar joint-stock company "Medpolimer" to go from production of the first to the millionth disposable syringe. And

it did so in spite of the fact that the main production buildings of Medpolimer are still under construction, and scarce medical instruments are being produced in rented premises. Nevertheless, the Pavlodar disposable syringes are being delivered regularly to medical institutions of North and Central Kazakhstan.

In essence, Medpolimer has become the pioneer of this republic's medical industry. At the present time, the question of setting up production of various items made of polymer materials and disposable blood-transfusion systems is being developed there along with designers and scientists; and there are plans for future production of more complicated items, for example, contact lenses and an "artificial kidney" machine.

Problems in Production of Rantarin

93WE0260E Moscow ROSSIYSKIYE VESTI
in Russian 23 Dec 92 p 4

[Article by Aleksey Klimenko: "'Ginseng' of the Tundra".]

[Text] One of the saddest subjects of our time is the almost complete disappearance of drugs from pharmacy shelves. Kashpirovizatsiya and dzhunizatsiya are also signs of present-day Russia. But I personally trust traditional folk medicine based on treatment with herbs, roots, and all possible extracts more. My story is about the "ginseng" of the tundra.

As far back as the 1960s the possibility of obtaining a therapeutic substance from the unossified antlers of the reindeer was proven. The theoretical calculations were begging to be applied, but we did not have the industrial technology for turning the raw material into a novel preparation. The efforts of a collective from the regional Agriculture Scientific Research Institute of the North-east were directed at establishing the commercial base.

"Our specialists at the Omolon and Dawn of the North collective farms in Magadan Oblast carried out the Rantarin operation," says A. Polezhayev, deputy director of the institute. "It seems that cutting the horns does not affect the animals' well-being or productivity. We have developed the technology for preparing and preserving a new type of drug product.

The preparation, called rantarin, may rival pantocrin [sic] and ginseng in its therapeutic and stimulant properties. The Pharmacology Committee of the Ministry of Health has approved the new drug. After all, rantarin has yielded good results in the treatment of neuroses, cholecystitis and tuberculosis, and normalizes functional disturbances in the cardiovascular system and increases the body's resistance to stress. But where is the drug that is so valuable in our time?

Absolutely trivial obstacles have impeded the path of the northern wonder drug to the sufferers. The first of them is the lack of an economical infrastructure for the commercial preparation of the antlers.

We know that in the far North 100 versts is no distance. Reindeer herding teams migrate 500-700 km from the central farms. And a radio station is the only means of connecting those on the tundra with the farm and their homes. Much also depends on the dispatcher service when the prepared product is being transported to the "big land". Spoilage would be reduced to a minimum if the herdsman would reach an agreement with the processors and transportation workers beforehand.

If... Statistics show that 90 percent of the teams in reindeer farming in Magadan Oblast use radio stations. However, the actual number of teams with a permanent and reliable communication with the central farms is less than 10 percent.

"It does little good to put radio stations in the tent," Mikhail Givinli, team leader of the reindeer herdsman from the Chukotskiy collective farm "Bolshevik", reasonably suggested to me. "It is important to make sure that it is not inactive. But, as a popular satirist noted, we prefer the presence of an object to the results of its work. Thousands of mini-radio stations, whose example was presented as the "awakening of the tundra", are now silent.

What is the problem? More than a thousand short wave radio stations are operating on four frequencies in the reindeer herding farms of the oblast. But how effective are they? The frequency 3180, for example, has been allocated to the reindeer herders as a makeweight, for a so-called secondary base. In the summer it is almost completely occupied by the ships of the Far East steamship line. Frequency 5885 is virtually not used due to extremely poor signal reception.

Even what does get through often sits in "white silence": you wouldn't go a hundred versts for dogs, and those on the tundra can no longer afford to call a helicopter. The entire equipment arsenal of the Chukotskiy reindeer herders—several dozen land rovers and Burans, are frozen on a "dead anchor" due to the lack of fuel and spare parts. It is clear that the tundra farms that operate under the peculiar conditions of the Arctic need special equipment. So how have the "interested" central departments reacted in recent years to the acute problem?

"The only thing that they have really been interested in," says Nikolay Einetku, an elderly herdsman from Anadyrya who uses a sled, "is in making sure that meat, caviar, and balyk that we have gotten goes to their table. Dozens of "revisions" and "inspections" have been developed for the North in order to have the contract with us. This is their "management", fleeing and robbing us."

Unfortunately, the hands of the planning agencies do not reach to the Far North. There are less than 30 land rovers for the hundred-plus teams of the Koryak Independent District. In recent years automobiles have not even been allocated to those on the tundra. And special land rovers for the reindeer herders have not been designed.

In the village of Ivashka, like in Koryakii, I met an elderly native, Mariya Ivanova Bekereva. "Reindeer

herding brings death," she sadly sighed. "The cattle-plague is unprecedented. Many herds remain without a shepherd; people are fleeing from the tundra. They are not humane to them. One journalist wrote: "the head of reindeer herdsman".

Criminal forces successfully exploit that which the hands of the government cannot reach. The travelling "businessmen" take the antlers from the farms for kopeks, and then get a thousand times that from the Japanese. The black-market trade in the antlers is expanding, thus depriving many compatriots of hope for their remedy.

Cases of armed robbery in the tundra are increasing. Hundreds of reindeer herdsman are leaving the herds, fearing for their lives. The vast lands of the North are now literally filled with reindeer lacking shepherds. It is terrifying to look at the empty tundra villages seen at every hand. The scene of hundreds and hundreds of homes, perfectly suited for inhabitants but uninhabited, is awful.

The gold and diamond fields are still there, but from them, we know that criminal forces flow both near and far abroad. The situation is even more horrifying in the reindeer herding "hard currency shop", because there is no control or protection there. The fate of one more national treasure in Russia has been thrown to the wind. It is a treasure, incidentally, on which the health of the nation also depends.

Academician Chuchalin Interview on Russian Public Health Program

93WE0237B Moscow IZVESTIYA in Russian
25 Dec 92 Morning p 3

[Article by Evgeniya Manucharova]

[Text] A program which protects the population health from today's impasses have been developed, affirmed by a range of governments, and put into effect. It is called "Russian Population Health." The leader and initiator of the program, the well-known physician and Director of the Scientific Research Institute for Pulmonology, the President of the Russian fund "Human Health," Academician Aleksandr Chuchalin told us about it.

Manucharova: What is the goal of the program?

Chuchalin: To realize the right of every person to health and to turn the attention of the government to this. According to the World Health Organization definition, health is not simply the absence of illness, but complete physical, spiritual, and social well-being with maximum life expectancy.

Now the right of a person to health is being trampled by the situation in public health, which is critical. It has come to the point that we have more sick people than people who can treat them, and more people dying than being born. We have the highest infant mortality and the worst life expectancy in Europe. Every ninth child is born with some kind of defect. Out of all the graduates of

middle schools, one can conditionally identify only a fourth as healthy. Every ninth member of society is an invalid. If the selection criteria which are mandatory in Western countries were accepted in our army, ninety percent of the soldiers would be sent home.

The profound reason for this is the loss by the government of the basic political priority of the civilized world. In our case the government is not directed towards human health. The rejection of humanistic priorities of government was demonstrated in the mid sixties. At that time, instead of a ten percent expenditure (as it was) on public health, only four percent or less was provided. Take hospitals. Only 60 percent of them are supplied with running water, while 15 percent have no sewer systems.

This was concealed for a long time, as were all the statistics. Society did not have information, which could have prompted a search for an approach to poverty and disease.

In parallel with this, another process (also concealed from the outside world and society) occurred, pollution of the environment. Environmental protection was not considered during the rapid industrialization. As a result, half of our potable water and ten percent of our food products are dangerous to one's health.

These are the starting conditions, under which the "Russian Population Health" program begins its life. It has now been given status by the government. This gives us hope that the government will have the political will and will make the goals of the program achievable.

Manucharova: According to what concept was the program constructed? What are its postulates?

Chuchalin: Above all, human health does not only and not so much depend on the efforts of medics. Expert evaluation has demonstrated the true factors influencing health: Only 6-12 percent is medicine, while about 55 percent depends on way of life and its quality, and 25 percent on the external environment, on ecology. This understanding of the influencing factors determined our choice of working directions in the program and its priorities.

The second postulate is that the program does not need to be imposed "from the top." It will grow from the bottom, from the "roots," from the regions. People will develop it for themselves. This is a completely new method. In all cases I do not know of an example of such a program. We hope that this principle will make self-realization of the program possible.

Manucharova: But do all workers hold to the same definite priorities?

Chuchalin: Without doubt. The first of them is maternal and child health. About half of the resources in the program are devoted to this.

Ecology is also a priority. Here we are enlisting the most powerful forces of specialists in the cosmic sphere of

knowledge. It is necessary to construct a ecological-medical map (surveys of the cosmos help here), in order to know the dependence disease origin and distribution on the state of the environment.

At present we have no serious epidemiological research. We have no specialists who could deeply comprehend the economic aspects of health. Therefore, within the program we propose as an immediate measure to conduct scientifically based, deep epidemiological investigations.

Manucharova: How will the program be financed?

Chuchalin: As a state program, in the budget. (We are supported and financed by the Ministry of Science.) But I am convinced that in order to realize great ideas it is always possible to organize nonbudgetary resources. We opened in Saratove an independent university, which will prepare physicians for Germany, Tataria, and Russian Povolozhya. The money for this did not come from the budget.

The grant principle has been maintained in the system for financing the program. To put it another way, a competition has already been announced, expert councils are functioning which will determine the winners. They will be given grants, special money for their work. As it is in the entire world, so it will be for us.

Manucharova: As a fifth (and final) question, speak about the information provisions of the program. Is training of doctors and the population proposed?

Chuchalin: Without fail. The entire thing is doomed to failure if we do not increase the knowledge of the users. Unfortunately, today the level of doctors is not equal to that of the Russian physicians who were always proud of medicine. There are many defects in the organization of medical education, but the chief problem is that it is strictly controlled and regulated from above.

"Feldsherism" overwhelms both young and experimental doctors, if they have no possibility of debate at medical symposia, or visits to exhibitions, or work at congresses and conferences, in a word, to live in the world of new (newest!) scientific ideas.

Manucharova: Under what conditions do you predict that accomplishing the "Russian Population Health" program will proceed normally and society will approach accomplishment of the goals proposed in the program?

Chuchalin: There are obvious factors and those which become clear as a result of specially conducted monitoring. We will approach the goal, when infant mortality will fall to the middle European level, when primary medical-sanitary care is available to all, when child and maternal nutrition is scientifically based and adequate, and when the mean life expectancy increases to 75 years.

Russia Begins Manufacture of Drugs Formerly Supplied by Other Republics

93WE0234C Moscow NEZAVISIMAYA GAZETA in Russian 29 Dec 92 p 6

[Article by ITAR-TASS: "New Drugs From the Maritime Region"]

[Text] Production of five new medical agents has been set up at the Khabarovsk Pharmaceutical Plant. Antiasthmatics, cardiac agents, and drugs for treatment of cerebrocirculatory disturbances have been delivered to the region's pharmacy network. However, this is not, unfortunately, indicative of stable production.

"The Ministry of Health has made it incumbent upon us to set up production of several drugs, delivery of which by Ukrainian, Belarussian and Baltic enterprises to Russia has been discontinued," reported Galina Trofimenko, chief of the plant's planning department. "But it is not easy to set up production of new drugs. The enterprises have virtually no funds for the purchase of raw materials. Financial instability has forced us to reduce production by 13 percent, and next year there will be a reduction to 25-30 percent. Several production sections have already been closed down."

Funding Problems for Medical Insurance Transition

93WE0235B Moscow PRAVDA in Russian 9 Jan 93 p 2

[Article by Valentina Proskurina: "Fitting Foreign Experience to Our Bumpy Roads. The 'Medical Revolution': Who Is Winning?"]

[Text] And so, the revolution (in medicine), about the need for which democrats have talked about over the course of the year, has occurred. The health insurance law will go into effect in the Russian Federation on 1 January. This date was of course selected somewhat arbitrarily. A. Askonov, chairman of the Russian Federation Supreme Soviet Committee on Health Protection, Social Support and Physical Culture, said in a PRAVDA interview that in the year and a half since the moment the law was adopted, the government could not find the time to determine the sources of budget financing, it was unable to establish the standards of deductions for enterprises, the exact insurance premiums have not been calculated, and insurance companies have not been formed. The Russian Ministry of Health showed no concern for developing a system of standards for the quality of health care services. Not even the most elementary thing has been done—printing the insurance policies themselves. This is why a decision was made to have a transition period of half a year.

Evaluations of the law in the medical environment vary from absolutely positive to sharply negative. But making a certain allowance for the "bad roads and idiots," we will try to get some idea of whether we will be able to travel in half a year a path that developed Western countries with flourishing economies traveled for decades.

The prediction of optimists is that the infamous practice of financing public health on the basis of the residual principle will fade into the past. Rivers of money will flow into the medical treasury: from the state budget—for insuring pensioners, the impoverished, children, students, servicemen, and workers of state institutions; from enterprises and organizations—for insuring their own workers; and from various joint ventures, foreign companies on Russian territory and cooperatives.

The wages of medical workers will increase—not of all of them, of course, but only of those who survive the competitive struggle.

For the first time, patients will actually have the possibility for selecting their own doctors. Having an insurance policy in their hands, they could go to any clinic, to any specialist.

Great! What else can doctors and patients, medical officials and the government hope for? Especially the latter, since it will free itself of headaches of our unfortunate medicine, which is criticized at every opportunity by just about everyone. But if only we didn't have our skeptics, of which there are many more than optimists. Critical remarks were published in PRAVDA by M. Kuzmenko, chairman of the Central Committee of the Public Health Workers' Trade Union, by Russian Deputy Finance Minister I. Molchanov, by worker L. Bolkov, by academicians B. Chazov and B. Petrovskiy, by V. Krasavin, a member of the Labor Party council from Perm, by M. Kozhukhov, director of the Kursk Oblast Health Department, by Doctor of Biological Sciences A. Lokshin, and by Yu. Belkin, a people's deputy from Moscow.

They have their doubts about a large inflow of assets. The state can't even find enough money in its own pocket to insure workers employed by state-run enterprises. Some have eyes on the pension fund, hoping to get at least 11 percent out of it. As it turns out, pensioners will have to pay not only for their own insurance but also for that of civil servants, students and so on. Still, curious as it is, the richest fund in our country is the pension fund!

You can count the number of flourishing enterprises in our country on the fingers of one hand. The bulk of them are on the brink of bankruptcy. Where will those rivers of money flow from? And then the number of unemployed is expected to grow. Who is going to pay for them? And by what mechanism will money be collected from various joint ventures, cooperatives and firms. Who will do this? The Ministry of Finances? The Ministry of Health?

The first thing that health insurance will do at the state level is bring out the inequality of patients. We already have private insurance-supported medical companies working at full steam. They have purchased room in the country's best clinics, ones possessing the most sophisticated apparatus and employing highly professional personnel. Only a few rich people and their families have the means to buy insurance policies from these companies. How is it that they were able to take away our best

clinics, built and equipped with public funds? Is that what having the freedom to choose your own doctor will mean?

As far as the quality of treatment is concerned, how can we count on it if the country is suffering a catastrophic shortage of elementary pharmaceuticals, dressings and hygienic resources, if new hospitals are not being built these years, and old ones are not being repaired?

Mortality in Russia exceeded the birth rate for the first time in 1992. The population has embarked upon a process of decline. Will this decline be stopped in 1993 with the help of health insurance? Few would hardly venture an affirmative reply today.

Critical Shortage of Donor Blood in Kazakhstan

93WE0321A Alma-Ata KAKAVAN in Russian
15 Jan 93 p 6

[Interview with Saud Bekirov, chief physician of the Republic Blood-Transfusion Station, by Aleksandr Koloskov: "The Ministry of Health Is Losing Blood"; first two paragraphs are source introduction]

[Text] *In early January of this year, a critical situation came about at the Republic Blood-Transfusion Station—all the blood-storage containers were empty. The entire stock of blood was gone. It was a real tragedy.*

Since 6 January, a liter of blood has cost 3,000 rubles [R]. Has the situation changed for the better? For information on that, I turned to the chief physician of the republic station, Saud Bekirov.

Karavan: Did the number of donors increase after the payment for donated blood rose?

Bekirov: All our problems began back in 1989. If everyday 120-130 people gave blood in 1988, only three or four people a day gave blood in late 1992. It was an extremely serious crisis for our system of health care. A liter of blood cost R250, and it wasn't until 6 January that the price went up to R3,000. Now, by agreement with the Ministry of Finance, the Ministry of Health is obliged to index the prices with inflation. Three thousand for a liter of blood is still not enough incentive to our donors, and no one knows the same 30 people who gave blood today will be coming back tomorrow. On the international market, the minimum cost of a liter of blood is \$15-20, and plasma is twice as expensive. If the price for a liter of blood isn't raised soon to R10,000, we won't be able to get out of this crisis. But the money for that, as usual, isn't there.

Karavan: Our donors have virtually no privileges whatsoever. What are things like in that regard in developed countries?

Bekirov: In the United States, for example, a donor has certain guarantees, and he is issued a certificate that gives him the right to free medical care at the very highest level. Abroad, a donor is truly respected, and to

be one is the same as holding the rank of an absolutely healthy individual. But the most important thing is that it's autologous donorship and a blood bank.

Karavan: What is a blood bank, and why isn't there one in Alma-Ata?

Bekirov: A blood bank is mainly a storage facility in which blood cells and plasma are frozen to the temperature of liquid nitrogen. An autologous donor, who has given blood when healthy, gets his own blood in the event that he becomes ill. That completely rules out the problem of incompatibility. In the bank, the blood can be kept for years without losing any of its qualities.

We have no blood banks because of the lack of expensive equipment. And when we'll get it, nobody knows. The Ministry of Health has been and remains a very poor structure.

Karavan: Will synthetic substitutes help to solve the problem of a blood shortage?

Bekirov: The fact is that, in actuality, blood cannot be substituted. It essentially is so multifunctional that a blood substitute—plasma-replacing solutions like hemodesis [gemodez], polyglucin, reopolyglucin—can only fulfill one of the roles played by blood. Patients need real, live blood.

To be sure that there's nothing for the donor to fear in terms of becoming infected, I decided to go through the entire "production" cycle of giving blood myself. Everything at the station is truly absolutely sterile. First, the donor himself is protected from infection. Then the blood is checked over and over to make sure there is no possibility of the recipient becoming accidentally contaminated.

By the way, the procedure itself is absolutely painless, and only experienced medical personnel work here.

Interview With Chief Physician of Russian Epidemiology Center

93WE0226A Moscow PRAVDA in Russian 27 Jan 93 p 4

[Article by Valentina Proskurina; "Run, Rabbit, Run!"; first three paragraphs are PRAVDA introduction]

[Text] In 1992 there were 3278 recorded cases of diphtheria, which is 2.2 times more than in 1991.

In Russia, there are 20,000 cases of measles and 40,000 cases of mumps annually. These are among the highest figures in the world.

Thanks to inoculations, poliomyelitis has been virtually eradicated in developed countries. In our country there are 10-17 cases per year.

Recently, all of the rabbits of our friends in the Moscow suburbs died almost simultaneously. They were not simply animals that provided meat and pelts for the retired man's family. They were friends whom he knew

by name and patronymic, loved and cared for. He was tormented by the question of why this had happened.

You can imagine how sorry and guilty he felt when he learned that a simple inoculation would have prevented this disaster, since a wave of some sort of "rabbit infection" had swept through this suburb.

Perhaps some will be shocked by my comparison, but people who live in large cities remind me of rabbits locked in iron cages. We are also just as crowded and confined, we breathe in each other's faces, we grab the same straps in public conveyances, we drink from the same glasses in public dining rooms and restaurants. It is impossible to even imagine what would happen to us were it not for preventive inoculations against infectious diseases. Let us recall how smallpox felled people in cities and villages in the past. Yes, if an epidemic flared up today, half of of mankind would perish if there was an epidemic now, because of our constant exposure to many people.

Only inoculations prevent epidemics of polio, diphtheria, measles, and other dangerous infections. However, a very dangerous trend has appeared in recent times. More and more often, parents refuse to have their children inoculated under the pretext that they fear undesirable reactions.

And this is the result. Infections, which are presently called controllable, are again getting out of control in our country. There is a rise in incidence of measles, tetanus and tuberculosis. There is diphtheria in Moscow and Tula, and some cases in Belorussia and other CIS states. Deaths have been recorded. L. G. Podunova, chief physician of the information and analysis center of the State Committee for Sanitary and Epidemiological Oversight, qualified the epidemiological situation in Russia as being extremely alarming:

"If urgent measures are not taken for mandatory inoculation of the public, and first of all children, we will release a dangerous genie from the bottle. I do not understand parents who place their children at such risk irresponsibly by refusing to have them inoculated..." But perhaps they are justified? Let us turn to some authorities.

Professor B. K. Tatechenko, chief of the center for inoculation pathology at the Institute of Pediatrics of the Russian Academy of Medical Sciences, maintains:

"The problem has been blown out of proportion. I cannot even remember when we treated a child with postinoculation complications at our center. True, children are often brought to us for a supposed inoculation reaction, but examination convinces us that they suffer from an acute respiratory disease, or influenza, or pneumonia. Onset of a disease often coincides with an inoculation, and that is all the reaction is about."

Question: Can you recall any cases of death?

Answer: No. In the 27 years of my work there was not a single death due to vaccinations. All the stories about such

cases are idle inventions, just like the ones about convulsions in children. According to the statistics, a convulsive reaction occurs in one out of 70,000 cases of inoculation, and without serious consequences at that. For example, in Mytishchinskiy Rayon of Moscow Oblast, with the highest percentage—almost 100—of inoculated children, there has not been a single complication.

The professor told us that worldwide coverage of children with inoculations is twice as high as in our country, and it is three times higher in developed countries. In Russia, six inoculations are listed as mandatory: against tuberculosis, diphtheria, pertussis, tetanus, polio and measles. All of the vaccines conform to worldwide specifications. At the same time, we are hopelessly behind in providing inoculations against rubella, hepatitis B, and Haemophilus, which are used extensively in progressive countries.

Statistics show that, at the present time, slightly more than 50 percent of the children in Russia are inoculated. But in order to prevent outbreaks of infectious disease epidemics the figure must be 90-95 percent. So you can judge for yourself the danger looming over our heads.

It must be stated that it is not only parents who have succumbed to unprofessional propaganda about the harm of inoculations. Pediatricians have also wavered. One hears objections right and left, just to stay "out of harm's way."

Professor Tatechenko believes that "Physicians must bear the responsibility for unwarranted objections. In our center, we inoculate children with chronic diseases, such as bronchial asthma, and have not observed any reactions."

At the present time, the Supreme Soviet of the Russian Federation is working on a law that would make it mandatory, for the first time on a national level, to give inoculations and hold citizens responsible for refusing them. Such laws were adopted long ago in most countries, and thanks to them mankind succeeded in conquering many terrible diseases. For example, according to the data of the Center for Communicable Diseases in Atlanta, there were only 4 cases of diphtheria in the United States in 1990, and not a single case of polio. Of greatest interest is the fact that the Americans made use of the idea of immunoprophylaxis of the Soviet scientist, Academician B. Zhdanov, and succeeded in implementing it. The Americans know how to do arithmetic. They determined that one dollar invested in inoculations yields a profit of 10 or more dollars. But we continue to spend enormous amounts to treat children with controllable infections, and the treatment is not always successful.

WHO has developed an international inoculation program. It proposes to reduce the incidence of measles and diphtheria in Europe by 90 percent. In our country, on the contrary, the incidence of these diseases is rising at an inadmissible rate. For diphtheria alone, the figure for our country is 200 times higher than for America.

The situation in CIS republics is even more alarming than in Russia. There has been a disruption of many years of communication, there is a shortage of vaccines, and in warring regions, they are on the brink of a disaster, since infections are sure to breed. And, as you know, there are no frontiers for epidemics. So what are we waiting for? Is the alarm sounded by our sanitary and epidemiological oversight service exaggerated?

.... Our friend told us how the rabbits gnawed at their iron cages sensing the end. "Run, rabbit, run," they were silently telling one another with their eyes.

There is nowhere for us people to run. Less and less living space remains for man, and it is easier and easier for germs and viruses to strike at new victims. Let us remember this always and not reject the greatest achievement of medical science—preventive inoculations. It is only with their help that we shall be able to "evade" harsh epidemics.

Fear of Immunization Affects Epidemiological Situation

93WE0225A Moscow ROSSIYSKAYA GAZETA
in Russian 29 Jan 93 p 4

[Article by Tatyana Smolyakova: "Immunization Against Ignorance and Cynicism"]

[Text] Many are perhaps aware that the incidence of diphtheria is growing in our country. The Ministry of Health is untiring in its warnings: At any moment the epidemic will come. As before, it suggest one solution—universal vaccination of the population. And rather than showing gratefulness for this free service, the population is offering increasingly greater opposition to it, doing everything it can to avoid immunization. Especially of children. What is this—vaccinophobia or an instinct for self-preservation?

Three Levels of Control

Professionals have always debated this. The opponents of universal vaccination have stated their position as follows: In order not to do harm to the child's body (as we know, immunizations are provided chiefly to children), and in order that vaccination would only be beneficial, a minimum of two conditions are required—high quality vaccine and a healthy body.

AKDS vaccine (anti-whooping cough, diphtheria and tetanus vaccine) evokes the hottest debates. It is associated with the largest number of contraindications, and it evokes complications more often than others. The complaints voiced against our AKDS vaccine are rather serious, going as far as suggesting that it is not an immunobiological preparation but a highly dangerous biochemical conglomerate containing substances like mercury salts, formaldehyde and others. Second, it is nonstandard from series to series, and it may do an infant more harm than good, especially if the health of the infant prior to immunization

is unknown. And finally, it is not a dependable means of protection against diphtheria and whooping cough.

If we also consider in this case that the health of our children is not generally all that good, this point of view seems fully understandable: To immunize all children beginning at nursing age without serious preliminary examination would be a crime. However, there are other opinions on this account as well. N. OZERETSK-OVSKIY, director, laboratory of postvaccinational complications of the State Scientific Research Institute of Standardization and Control of Biomedical Preparations:

"All of these preparations satisfy world standards and the requirements of WHO. And in terms of their purity, they are superior to some preparations of leading foreign firms. Our requirements on merthiolate are the same and in a number of cases they are higher than in Great Britain."

For your reference. Merthiolate is a mercury salt, a pesticide, an extremely strong poison, used in AKDS vaccine as a preservative. Its production and use in medical preparations are prohibited in many countries. On our part, until recently we used to purchase merthiolate for manufacture of the vaccine from the USA, FRG and Sweden bearing the inscription: "Only for laboratory purposes" or "Not to be used in pharmaceuticals." Now what we buy is labeled with a skull and crossbones.

A. MONISOV, deputy chairman of the State Public Health and Epidemiological Inspection Commission:

"When it comes to the quality of vaccines, there are two criteria—their safety and effectiveness. Our vaccines are not inferior to foreign ones in relation to these two criteria. Yes, the one for measles is inferior, but only in effectiveness, since it is not heat-stable (it cannot withstand high temperatures during transport). But delivery time is relatively short. And hospitals possess ordinary household refrigerators.

"We understand that the vaccines can lose some of their activity as a result of this, that is, the immunization would in principle not be sufficiently effective, but it will never do harm. Such that we cannot place the lives of millions of children in jeopardy just because of this.

"The enterprises are subjected to production control of safety and effectiveness. Each series is checked. There is also the State Institute of Standardization and Control of Biomedical Preparations. Unfortunately it is unable to check each series. But this is already a second level of control."

There is one other "procedure" in existence. This comes from I. Plankina, who worked for many years as a pediatrician, then as a public health physician of an epidemiological station, and then as a municipal hygiene specialist in the USSR Ministry of Health: "When I worked in a regional epidemiological station in Estonia, we often received telegrams from the USSR Ministry of Health: 'AKDS (or measles, or some other) vaccine of such-and-such a series and such-and-such a date is

reactogenic; please stop using it for immunizations.' These telegrams reached us after the vaccines were already used up! The same is happening today as well. If someone would just take on the job of counting all of these telegrams! What this means is that our 'control' was carried out mainly on children."

Then Are Immunizations Dangerous?

V. TATOCHENKO, director, department of postvaccinational complications, Pediatrics Institute:

"Our department has been playing the role of Russia's immunization center since 1965, and it has been receiving all persons with immunization complications. I can attest quite responsibly that our vaccine does not have any side effects. Practically speaking. That's if you don't count certain reactions: A particular percentage of children given the vaccine develop a temperature, swelling and so on—these are ordinary things. Serious vaccinal complications are observed so rarely that only a person with a fantastic imagination can say that these vaccines are not safe."

For your reference. Associates of the institute in which V. Tatochenko, V. Braginskaya and A. Sokolova work published a list of reactions and complications following use of AKDS vaccine in 1977 and then republished it in 1984 and 1990. There are very many of them. Here are a few: Excessive general reactions coupled with high temperature and intoxication. Reactions (complications) afflicting the central nervous system and various organs (kidneys, joints, heart, gastrointestinal tract etc.). Allergic rashes, edema, the asthmatic syndrome, anaphylactic shock. Aggravation (or initial manifestation) of chronic disease. Sudden death.

No less alarming are the results of experiments by N. Ozeretskovskiy and associates of his laboratory, published in the *ZHURNAL MIKROBIOLOGII, EPIDEMIOLOGII, IMMUNOLOGII* in 1989 and 1990. Only how do we reconcile these results with the "excellent," in his words, quality of vaccines? We read:

"Commercial AKDS vaccine did greater damage to the central nervous system...." "A side effect related to the detoxifying function of the liver was established...." "The principal changes arose in the thymus, spleen and lungs.... Thus the corpuscular vaccine had a pronounced toxic action, evoking damage to the immune system."

N. GLAN, medical institute docent, director, clinical immunology course for practical physicians:

"It would be wrong to reason that if everyone in the USA is immunized (not everyone is immunized in the USA). Each state has its own mandatory immunizations depending on various local factors.—T.S.), and our vaccines are not any worse, then we can do the same. This is not a professional approach to the problem. In fact, every vaccine carries a certain risk to the health of the child. Discussing complications accompanying the vaccine, we do not have the right to limit ourselves just

to the immediate reactions—rashes, temperature and so on. Complications also include aggravation of a principal illness, and in rare cases the appearance of a new one; these are remote unpleasant consequences.

"Besides children with chronic and acute illnesses, there are children with latent immunodeficiencies. Such children number more than just a million—over half of them are this way.

"Yes, children must be immunized as well. But we must create a new, sparing program of vaccination for them."

For your reference. Finding dependable data on the number of cases of diphtheria and postvaccinational complications turned out to be not so easy. Different official sources provide different figures. In 1990 in Russia—from 600 to 1,500 cases; in Moscow—from 340 to 600. In 1991 the maximum figure for Russia was 1,869, and for part of 1992 it was 2,186 cases. In the meantime, several hundred complications are usually recorded.

M. Plankina's opinion on this is this: "Official data on complications cannot be reliable. This is only the visible part of the iceberg. The polyclinics simply diagnose diseases of the ear, nose and throat, and leave it at that. It is only when large numbers of children fail to appear in school or nursery school after mass vaccinations that a report is submitted to Moscow. This of course is on the conscience of the doctors."

Ye. Belyayev, chairman of the State Committee for Public Health and Epidemiological Inspection, reported at a press conference in September of last year that in Perm, "Forty percent (!) of children are now responding to immunizations against diphtheria with a reaction other than that which we anticipated." What did Yevgeniy Nikolayevich have in mind, if not complications? And how many children will have to react to the vaccine in the "wrong" way before adults will finally take notice?

The Individual Approach in the Ministry of Health and the Actual Approach

An individual approach to every child! A sacred phrase uttered by everyone—from the minister to the section pediatrician. But what does it mean? Do the conditions for such an approach exist? Should the immune status of every child be determined?

The positions of opponents can shed light on the answer to these questions.

For example as with P. Glan, immunogeneticist A. Pukhalskiy feels that serious scientific research must be carried out on the influence of vaccines on the immune system. This requires special laboratories (they exist, but there are not enough of them). Immunization centers in which a child can be examined and prepared for vaccination and competently vaccinated are required. There are only a few such centers in our country, and not even all of these have the possibilities for determining immune status.

Citing progressive foreign experience, virologist G. Chervonskaya believes that each child should have an immune status card from the day of its birth. Only on this basis can we determine the immunizations the child requires, and predict its reaction to them.

V. Fisenko, chief physician of the Moscow Consultative-Diagnostic Center for Specific Preventive Immunization, is less categorical: "Immunological examination is necessary for some children, and not just on a one-time basis. Others do not require this. It all depends on the range of diseases the child suffers."

By the way, she did cite one interesting fact: In a year and a half 110 children diagnosed with an "immunization reaction" were referred to the center. All of them were in the risk group. "If each of them had been examined prior to immunization and received rehabilitative treatment, these 110 cases would not have occurred," V. Fisenko concludes. This provides some answers to the questions of the "absence" of complications and an individual approach.

V. Tatochenko spoke extremely openly in regard to preliminary immunological examination: "This is absolutely impractical and unrealistic."

Here is why! Impractical because (citing the doctor) "we get one case of the convulsive syndrome out of 30,000-50,000, and one case of encephalitis out of 4-5 million. I am referring to whooping cough vaccination. The figures are the same for other reactions. This is an acceptable risk."

Let's assume that the cited statistics are correct. But tell me, will parents really be consoled by the fact that their stricken child is but one in a million? And that millions of others will consequently be healthy and happy?

I. Tymchakovskaya, chief of the infectious diseases division of the RSFSR Ministry of Health, paints an almost idyllic picture of the individual approach:

"In our system a child is kept under observation by the same pediatrician over the course of many years. And the doctor can select the moment suitable for him, and immunize him on a good background. This is the main idea embodied in our documents recommending the individual approach."

As for what actually happens, every mother knows. All children are immunized against tuberculosis (VTsZh [not further identified] vaccine) in the third day of their life at maternity hospitals. Only children on the brink of death are an exception. Not one mother is informed of the forthcoming immunization. A conclusion as to the health of children prior to administration of VTsZh vaccine is usually based on visual observations. Blood analyses are carried out only in a few cases. This practice has existed in our country for many decades, and no one is about to reexamine it.

For your reference. VTsZh immunizations are given to newborn infants only in our country and Brazil.

How can we talk about having children under the observation of a pediatrician for many years when the first AKDS vaccination is made in as little as 3 months? And considering the equipment availability of our polyclinics and the qualifications of the doctors, the most that a pediatrician can do before an immunization is to look into each individual's little mouth.

And what about "organized" immunizations in schools and nursery schools? One mother told me that last year her third-grade daughter was immunized at school: "The nurse immunized one line of children, and the teacher immunized another."

Why do doctors need this? Why are they risking the child and themselves? Are they really unaware of all the possible complications? First of all, far from all really know anything, especially about remote consequences. Second, there is a cohort of officials from public health who dictate to the pediatrician what he must do. Epidemiologists working for epidemiological stations had always been handed down immunization plans, and they reported fulfillment of these plans to higher organs (reporting form No 85). It has sometimes happened that an epidemiologist has fined a pediatrician for failing the immunization plan!

The new Law on Public Health and Epidemiological Well-Being only pours oil into the fire. Preventive immunizations against tuberculosis, poliomyelitis, diphtheria, whooping cough, measles and tetanus are deemed mandatory in it for all Russian territory. And punishments up to the criminal level are suggested for failing to fulfill the law.

It is difficult not to agree with Doctor Pukhalskiy, who concludes:

"The main problem is that the population has absolutely no faith in the doctors. Until this faith is restored, nothing can be done. No stern measures of any kind will help. It is no secret that some parents continue to give bribes in order to have the immunization box checked. All that has changed is the amount of the bribe. The only path for us doctors is to be honest to ourselves and the parents. And to bear legal liability both for immunizations and for not carrying them out, if the child suffers from either one or the other."

It Would Be Just Our Luck to Stick Ourselves

And the measures are becoming increasingly more severe. Owing to the new law, practicing physicians are left with fewer and fewer rights to an independent, calm, thoroughly thought out decision, while parents are left with fewer rights in showing concern for the health of their own children. More and more prohibitory legal acts are appearing—orders, decrees, directives.

A few days before the beginning of the current school year Moscow's chief public health physician N. Shestopalov signed Decree No 33 "On Prohibition of Admission of Children to Preschool Institutions and Schools

Prior to Immunization Against Tuberculosis, Poliomyelitis, Diphtheria, Whooping Cough, Measles and Tetanus." This of course was immediately brought to the awareness of all "undisciplined" parents.

But there are other documents as well, not intended for the public at large. For example "On the Epidemiological Situation in Regard to Diphtheria in Moscow and Measures for Its Stabilization" (No 7-41/95, 17 December 1991):

"Growth of morbidity among children is epidemiologically natural, and it is not an unfavorable prognostic factor today.... Late diagnosis and late hospitalization of sick children are causes of the spread of infection and formation of group foci...." (the author is the same N. Shestopalov).

Strange? To say the least. Why take everyone by the throat if the situation and the prognosis are normal? And what relationship does universal vaccination have to diagnosis of disease?

By the way, the impression is created that contradiction and a lack of logic in words and actions are an occupational hazard of officials of our epidemiological inspection service.

In one interview A. Monisov asserts: "While an immunized child may not fall ill with the severe form himself, he may act as a carrier of infection, creating a threat to surrounding individuals." But inasmuch as people have to be convinced that vaccination is still needed anyway, he comes right back with: "An unimmunized child presents a danger to the health of those with whom he associates." So what is more dangerous—an immunized or an unimmunized child?

State Committee for Public Health and Epidemiological Inspection Chairman Ye. Belyayev cites the causes of a serious epidemiological situation: bad air, bad water, bad food, the revolting sanitary condition of the cities, and so on. Why does Ye. Belyayev proclaim immunizations to be a panacea against infectious diseases? And it is entirely understandable why we are fighting diphtheria with vaccines against tetanus and whooping cough.

However, our public health and epidemiological inspection organizers are not troubled by any of this. To make things more convincing, the collective of the State Committee promised to also receive diphtheria immunizations. Of course, they did decide to first check if each person did require an immunization!

All others are forced to receive vaccinations blindly.

And if we consider that from 30 to 50 percent of all of the country's population suffers from immunodeficiency (according to different estimates), that means that almost half of us are knowingly at risk.

Of course, it is difficult to make it so that all of us could breathe clean air, eat good food, and that our hospitals would not be infected by AIDS, hepatitis and so on, that

heating would work in every children's nursery, and that at least a wash basin would be available in every pediatrician's office. All of this is truly very difficult. It would be easier to make immunizations. To stick ourselves against diphtheria. Against radiation. Against hunger. Against dirt.... Against everything in one fell swoop. Oh, if only this could be done!

Unfortunately, we do not as yet have such vaccines. But we do have children suffering from immunizations and from a failure to be immunized. And we have our wretched life, with its doctor-realists. With the unlimited power and just as unlimited cynicism of the public official.

Report Suggests 94 Percent of Kiev Children Ill

AU1002140493 Kiev MOLOD UKRAYINY
in Ukrainian 9 Feb 93 p 3

[Statement by O.M. Dmytrenko, director of the "Svitoch" [Torch-bearer] MP [expansion not known], and V.P. Vitsenko, deputy director for scientific questions: "We Are Sounding the Alarm!"]

[Text] Associates at the Research and Prophylactic Center for Medicinal Nutrition and Physical and Spiritual Purification of the Human Organism—"Svitoch" MP—have conducted diagnostic studies in 18 schools and kindergartens of Kiev. Altogether 5,890 children between one and 14 years have been examined. The diagnostic results show, 94 percent of the children are ill, among them between 28 and 32 percent have a precancerous condition of blood, internal organs, or skin. These children will, in the near future, develop cancer or already have it.

An examination of the residents of Kiev, Zaporizhzhya, Donetsk, Chernihiv, Nikolayev, and other cities of Ukraine points to an increase in the following diseases:

- of the thyroid gland;
- various levels of anemia;
- osteogenic sarcoma;
- changes in the intestinal microflora;
- thrombocytopenia;
- leucopenia;
- damaged blood cells;
- tuberculosis (consumption).

Compared with 1980, the quantity of these diseases has increased by a factor of between 23 and 28. The death-rate is rising. Over the next 20 or 25 years, Ukraine will lose between 22 million and 26 million of its citizens.

Swiss Russian Construction of Neonate Facility

93WE0261E Moscow FEDERATSIYA in Russian
No 18, 13 Feb 93 p 8

[Ulan-Ude]

[Text] A new therapeutic establishment for the very smallest patients, who need acute care and rehabilitation therapy from the moment they are born, was opened on

the base of the republic maternity hospital in Ulan-Ude. The first neonate ward in the Baikal region has been equipped with the latest equipment from the Swiss firm "Ameda". An additional staff of medical personnel, who were trained by the specialists at the Russian firm "Servisinstrument", was gathered for caring for the infants and working on the new equipment.

Ionizing Radiation Sources Found in Moscow

93WE0321J Moscow NEZAVISIMAYA GAZETA
in Russian 11 Mar 93 p 6

[Article picked up from Postfaktum [Postfactum] Information Agency: "Moscow Is Irradiating"]

[Text] In 1993, a total of 65 sources of ionizing radiation were identified in Moscow. According to the information provided by the Moskompriroda Press Service, the most hazardous of the sources was found in the vicinity of the Volokolamskoye Highway, near the Scientific Research Institute of Neurology, and was emitting 500,000 $\mu\text{R/hr}$ (as opposed to a normal 7-14 $\mu\text{R/hr}$). According to information provided by NPO Radon and the Geokotsentr, which made the inspection, all the sources of elevated activity that were found have been taken to burial sites and have been buried.

Fivefold Increase in Syphilis in Chelyabinsk

93WE0321C Moscow PRAVDA in Russian
13 Mar 93 p 1

[Article picked up from ITAR-TASS: "Here's What They've Come to: Syphilis..."]

[Text] Since the beginning of the year, syphilis morbidity has risen in Chelyabinsk fivefold over the same period last year (January and February). In reporting that, the independent newspaper VECHERNIY CHELYABINSK adds that specialists are attributing the situation to social causes—growing unemployment, the increasing number of people without a place to live, and the widespread dissemination of erotic-pornographic materials that do not educate young people about the intimate aspects of life, but only teach them the mechanics of sex and, often, encourage casual sex.

Tbilisi Runs Out of Pest Control Chemicals

93WE0321H Moscow NEZAVISIMAYA GAZETA
in Russian 16 Mar 93 p 2

[News brief based on reports by NEZAVISIMAYA GAZETA correspondents Ye. Krasnikov, I. Dunayeva, and O. Rubnikovich, the NEGA agency, Severo-Zapad [Northwest], Postfaktum [Postfactum], and RIA]

[Text] The chief physician of the city disinfection station, Viktor Mosidze, reported that the city disinfection station stocks of toxic chemicals have run out, and there is no possibility of acquiring new stocks. In connection

with that, V. Mosidze announced that control of rodents and harmful insects in the city is not being conducted.

Health Ministry To Seek Maternal, Infant Health Programs

93WE0321P Moscow VEK in Russian
No 10, 12-18 Mar 93 p 2

[Article by Igor Nikolayev: "A Leap Into a 'Hole'"; first paragraph is source introduction]

[Text] Last year, yet another provincial city could have appeared in Russia. But it didn't.

Deaths exceeded births for the first time by 180,000. Ministry of Health experts have estimated that within 15-20 years, the state will find itself in an unprecedented "demographic hole"—today, the daughters of the war babies are refusing to have children.

Medical statistics hide some frightful facts: although the officially recorded overall number of abortions has dropped from 4.5 million to 3.5 million since 1985, abortions among girls under 17 have risen sharply. One out of 10 women in the Russian Federation every year has an intrauterine scraping [chistka]. The conclusions drawn by the experts are contradictory. According to them, the cause lies in "sexual illiteracy," promiscuity [vsedozvolennost], and lack of discipline. The main cause is the lower standard of living everywhere.

Nikolay Vaganov, deputy health minister, said all that to VEK. In his words, the Ministry of Health intends very soon to go to the government with a request that the financing for maternal and infant programs, as well as for obstetrics and gynecology programs, be greatly increased.

Syphilis in Chelyabinsk

93WE0321M Moscow ROSSIYSKIYE VESTI
in Russian 19 Mar 93 p 4

[News brief, filed from Chelyabinsk: "We Must Again Struggle Against Syphilis"]

[Text] In January and February, syphilis morbidity rose fivefold in Chelyabinsk, as compared with the same period last year. Reporting about that, the independent newspaper VECHERNIY CHELYABINSK adds that specialists are attributing the situation to social causes—growing unemployment, the increasing number of people without a place to live, and the widespread dissemination of erotic-pornographic materials that do not educate young people about the intimate aspects of life, but only teach them the mechanics of sex and, often, encourage casual sex. The city interdepartmental commission to combat STDs and AIDS is starting up again.

Vaccination of Epidemiologists To Publicize Diphtheria Situation

93WE0321L Moscow ROSSIYSKIYE VESTI
in Russian 19 Mar 93 p 4

[News brief, under the rubric "Social Diseases": "All the Employees of the State Committee on Health-Epidemiological Inspection Are Getting Shots"]

[Text] The staff of the State Committee on Health-Epidemiological Inspection have been vaccinated against diphtheria. The medical profession decided to use it as an example to the entire population of Russia.

The deputy chairman of the State Committee on Health-Epidemiological Inspection, Anatoliy Monisov, told an ITAR-TASS correspondent that the situation with diphtheria today in the country is approaching the epidemic threshold. Last year, 3,500 individuals were diagnosed as having diphtheria; 112 of those people died. The number diagnosed is twice that for 1991.

"Believing rumors that have no basis," says Anatoliy Monisov, "parents are refusing to bring their children in for vaccination. As a result, only 70 percent of babies under one year of age, when the body is so susceptible to infections, have been vaccinated."

Among adults, the situation is even more serious.

Increased Donor Fees Improves Blood Supply in Tatarstan

93WE0334E Moscow IZVESTIYA in Russian
26 Mar 93 p 1

[Article by Boris Bronshteyn (Kazan): "Price of One Liter of Blood in Tatarstan Equals the Minimum Wage"]

[Text] The office of Tatarstan ministers has raised the price for donor blood from 700 to 2250 rubles per liter.

This step has activated blood donations to some extent. From 100 to 180 donors per day have begun to appear at the republic's blood-transfusion station (previously there were about 40). It is planned to raise the price of blood again in April. It is expected that the price per liter will again equal the minimum wage which, by that time, will constitute 4300 rubles per month in Tatarstan.

Pest Control Problems Increase Risk of Leptospirosis

93WE0334B Moscow NEZAVISIMAYA GAZETA
in Russian 27 Mar 93 p 6

[Article: "Rodents on the Attack"]

[Text] Last year, in the Lvov region, 10 people died of leptospirosis, the source of which were rodents—rats and mice. Physicians at the Oblast Communicable Disease Hospital maintain that the number of victims may grow considerably this year, since there is virtually no control of Muridae due to the lack of agents to do so.

Chernobyl Radiation Affects Immune System

934K1181A Kiev ZELENYY SVIT in Ukrainian
No 4, Apr 93 p 4

[Article by P. V. Salabay and A. Yu. Babenko, scientific staff associates at the Institute of Biochemistry: "What Is Happening to Our Immune Systems?"]

[Text] These charts [not reproduced] are the result of computer processing of blood indicators for 32 parameters. They visibly demonstrate what changes have occurred in the indicators of blood composition drawn from Kiev donors from 1990 through 1992.

Whereas the distribution of the donors from 1990—for all practical purposes—did not intersect the distribution of autoimmune (with breakdowns of the immune system) diseased persons (Chart A), during the elapsed period there was a marked change in the homeostasis of randomly selected donors from the city of Kiev in a direction characteristic of autoimmune disease. This is indicated by the overlapping of typical areas of distribution (Chart B) of Kiev donors from 1992 and autoimmune patients.

Seven years have elapsed since the Chernobyl catastrophe. The disputes, mutual recriminations, and accusations have died down, as has the flood of excuses, justifications, and rumors which filled Ukraine at that time, but which nowadays evoke only smiles. The time has come to think soberly and calmly about what happened, as well as to seek out constructive ways to solve the very complicated problems which caused this catastrophe. One such problem is monitoring the health condition of those people who are situated in unfavorable ecological conditions brought about by a high level of radioactive contamination. An extremely important characteristic of a person's health is the status of his immune (protective) system. It is precisely this system which protects and defends the organism from the intrusion of foreign bodies, disease-creating bacteria and viruses, as well as the organism's own cells, i.e., those which have undergone mutation whether spontaneously or under the influence of external factors. It is important that we turn our attention to immunity, and here is why. A great number of investigations carried out on animal subjects have shown that various links in the immune system are sensitive to iodizing radiation.

The Section of the Molecular Foundations of Semiotics at the Institute of Biochemistry imeni O. V. Palladin, Ukrainian Academy of Sciences, under the direction of Academician K. S. Ternovoy was already in the initial phase of being formed, and during the first few months after the accident it undertook to investigate the protective forces (immunity) in the organisms of those persons taking part in eliminating the consequences of the Chernobyl catastrophe, along with residents of the contaminated rayons and Kiev.

During the investigations an analysis was conducted of the blood plasma of people and animals on a molecular basis with regard to 32 parameters. For this purpose, use was

made of a custom-built laser unit which is available at the institute, and the data was processed by a computer running on a special program which had been developed at the St. Petersburg Institute of Nuclear Physics. The results obtained were compared with those from analogous residents of St. Petersburg and Arkhangelsk.

Observations made on the eliminators—i.e., those persons who worked to eliminate the aftermath of the Chernobyl catastrophe—who received 20 roentgens each of external radiation did not reveal any appreciable differences in comparison with healthy donors. That is to say, a one-time examination of the radiation doses which they received showed no distinctive effect on their immunity during the period after they left the zone (after that it was impossible to investigate the condition of their health). In comparison with the randomly selected donors from the years 1986 and 1992, a number of changes were revealed in the immune status. There was a decline in the activity of several components of the immune system. A rise was ascertained in the level of the low-molecular immune complexes connected with metabolic processes. It was also the case that in 15 percent of the donors antibodies to inherited material showed up, which is uncharacteristic of healthy people, because their organisms began to "perceive" their own cells as foreign ones. This symptom may be connected with the development of autoimmune disease.

Also discovered among the Kievans were disruptions in the blood-creating mechanism, as well as an increase in the number of patients afflicted with ischemic heart disease and hepatitis. Another confirmation of the participation of the radiation factor in the development of homeostatic changes in the organism's protective systems is a model experiment on cattle and other livestock which have grazed on meadows having a level of radiation contamination amounting to 15-20 curies per km. Changes in the parameters investigated in animals coincided with the results of people being monitored in virtually all the tests.

Also indicative is the fact that between those persons who participated in the elimination work—and who absorbed 20 roentgen each merely of external radiation—and the randomly selected Kievan donors there is virtually no difference. This attests to the fact that living for an extended period of time on a territory with a radiation level higher than the normal background is not a matter of indifference for the health of the population, and it has a more powerful effect than a dose previously absorbed at one time. It is difficult to foresee that similar changes could bring about a precipitous increase in certain diseases, but we must take into account the downward trend in the protective strength of organisms. Perhaps certain efforts are required to head in the direction of ways to achieve mass immuno-prophylaxis and accessible methods for monitoring the population on a mass basis. Such measures would be helpful in detecting changes in the immunity status of donors.

Such changes usually have no critical influence on the adult residents of unfavorable oblasts—those whose immune systems are no longer maturing but have stopped being formed. But the influence exerted by the factors of radiation contamination on the immunity parameters of children, beginning at birth, has not been sufficiently studied and could seriously affect the health of the generation born after the Chernobyl catastrophe. We cannot assert with absolute certainty that changes of a tragic nature will occur, but when it is a matter of our children, our future, then we must take care regarding Ukraine's gene pool; we must be careful and very prudent. It is certainly true that all these factors which have altered the immunity status are, of course, continuing to influence tiny fetuses and newborn infants, most of whose systems remain for some time at the initial stage of their development.

Even though foreign specialists emphasize that industrial pollution is extremely harmful, and that radioactive contamination must be taken into account, we—unfortunately—do not have the luxury of choosing among them, for we have all of them in full measure. Certainly we live in a situation where the Ukrainian gene pool is influenced not merely by industrial filth, but also by ionizing irradiation, and it is not known what drop of blood may have a fatal residue and do harm to the capacity of the organism—all the more so that of a child. And it is equally certain that we must oppose such influence.

Therefore, in 1993 the Section of the Molecular Foundations of Semiotics has begun to develop work on the mass monitoring of the protective functions of newborn organisms.

Monitoring the first generation of children after Chernobyl with the appropriate financing could be carried out annually or at any other regular intervals. This would allow us to single out the critical (in the meaning of value to the smallest doses of external and internal radiation) links of immunity and to give thought to a system of prophylactic measures with the minimum possible damage for future newborn babies. This is all the more true in that there are Ukrainian enterprises which are capable of setting up the production of special sorbents, foodstuffs, and medicines.

The problem lies in the fact that to work on and study the formation of immunity requires significant and long-lasting financial support. It would be difficult to call the overall status of our science satisfactory—especially as it relates to medical and biological investigations—when up-to-date and highly precise investigatory equipment is dying out without currency reagents and spare parts. To be sure, our investigations have been helped by targeted financing from the Ministry for Protection of the Population from the Aftermath of Chernobyl. We were assisted considerably in providing for our investigations by the staffers of the Department of Biochemistry of the Kiev State University imeni T. G. Shevchenko, the

Transcarpathian Institute of Agro-industrial Production, and the Zhitomir Institute of Agriculture.

In November 1992 a joint session took place with the participation of representatives from the Ministry for Protection of the Population from the Aftermath of Chernobyl and the leading specialists from a number of clinical and research organizations. They discussed the results obtained and the possible paths to follow in order to monitor the health of persons who live in the contaminated territories and in territories adjacent to them. It was decided to conduct a comprehensive investigation into the health of newborn babies. As of today, initial data regarding the little Kievans has already been obtained, but it is still too early to treat them, inasmuch as—for that purpose—we need plasma from ecologically clean regions.

Finnish Charity Helping To Support Hospitals

93WE0355A Helsinki HELSINGIN SANOMAT
in Finnish 6 Apr 93 p 5

[Article by Jorma Rotko: "Aid to Estonia by the Truckload"]

[Text] Again last weekend, a Finnish tractor trailer distributed supplies to Estonian hospitals operating under dismal conditions. The Estonian Children's Aid Association supports, among other organizations, two pediatric hospitals, two orphanages, the Tallinn Hospital for the Terminally Ill, a facility for the developmentally disabled, and the Deaconess Center.

Tuula Visa, the chairperson of the association, supervised the unloading of supplies at the Tallinn Hospital for the Terminally Ill. The unloaded freight included diapers for chronic cases and disposable sheets, as well as other hospital supplies. The hospital's head nurse, Grete Lehtla, calculated the savings from the use of 7,000 disposable sheets: "For laundering sheets, we are paying four kroons per kilogram, and we have a lot of laundry at this facility, where 40 patients die every month."

Esmar Hospital in Viims received much-needed disposable surgical wear and bandaging and dressing supplies. Difficult orthopedic surgical procedures are performed there and the hospital is one of the best in Tallinn.

Former Collective Hospital

Esmar has been incorporated from the former Kirov Fishing Collective. The same hospital collective was shown to Western visitors, who admired the high level of Soviet medical science, while other hospitals in Tallinn were in even worse shape than today.

Estonian hospitals lack almost everything, especially drugs and equipment. Government funds are limited and lately have even decreased. In order to ensure that the Tallinn Pediatric Hospital can continue to operate, a foundation has been established in Estonia. This foundation solicits funds from private sources. Already, most of the funding for the hospital arrives from the private sector.

Twenty-Eight Kroons Per Patient Per Day

The 535-bed hospital, located in Mustamägi in Tallinn, cares for two-thirds of all serious pediatric illnesses in Estonia. About 7,000 children are treated at the hospital annually.

The government has only been able to appropriate 28 kroons per patient per day, which must cover both treatment and room and board. The daily food allowance, for example, is only two Finnish markkas, noted Tuula Visa, who has seven years' experience in helping the Estonians. She started providing aid as a private individual after she, as a tourist, witnessed the shortages in the country, and she continues—still alone. The Children's Aid Association was not conceived until a few months ago, as it is easier to solicit funds through an organization.

Frequently, Tuula Visa receives a phone call from one of the hospitals: It is running out of this or that medication. She also goes from door to door visiting families she knows in Tallinn.

In addition to medical supplies, Tuula Visa's truckload contains tons of donated food, diapers, and all kinds of supplies given by private individuals. Over a hundred businesses and about 800 families, some even from Sweden, have helped in collecting the loads, and the aid seems easier to come by as the recession in Finland deepens. Since July of last year, Tuula Visa has delivered aid worth 2 million markkas to Estonia.

"Helping seems to be a medicine against the recession. The recession appears to exist in the heads of people. I'm sure it is good every now and then to shake oneself and consider that there are people in this world who are in much worse shape than people living in a Finland in the midst of a economic downturn," said Tuula Visa.

Visa supervised the distribution of the goods herself. Last weekend's shipment was a gift from the Finnish company Transpoint.

"In this manner, we can be sure that the aid does not end up in the hands of crooks," noted Tuula Visa.

The bank account number of the Estonian Children's Aid Association is PSP 701 25 371. Warehouse space is available for donated goods at Hameentie 44 (via Torkelinkatu).

Map of Post-Chernobyl Radioactive Areas Drawn Up
WS2704082893 Kiev KYIVSKA PRAVDA
in Ukrainian 15 Apr 93 p 3

[Interview with E. Sobotovych, head of the Department of Radiological Geochemistry at the Ukrainian Academy of Sciences, by M. Kravchenko: "There Will Be Enough Work On the Contaminated Area"—first paragraph is introduction]

[Text] It has been seven years since the day of the Chernobyl tragedy. Scientists representing many institutions have been working on the issue of minimizing the aftermath of the accident. Among them are the staff of the Institute of the Geochemistry and Physics of Minerals at the Ukrainian Academy of Sciences. Two years ago, several departments were created here in order to deal exclusively with Chernobyl problems. Not long ago, Professor E. Sobotovych, chief of the newly created Department of Environmental Radiological Geochemistry reported at a session of the Academy Presidium on the results of research on the radioactivity of the Ukrainian environment. The team headed by Professor Sobotovych drew up a detailed radioecological map—the world's first.

Kravchenko: Aside from Cesium-137 and Strontium-90, the destroyed reactor leaked other long-lasting active substances. Could you tell us more or less how advanced the process of their disintegration is and which of these substances are long-lasting?

Sobotovych: Some 25 percent of short-term active substances have disintegrated in the last seven years. Strontium-90 and Cesium-137 will disintegrate over the next 30 years, while transuranic elements, including plutonium, americium, and others will live for a few thousand years. Research shows that a couple of hundred kilograms of plutonium have leaked into the environment. Its disintegration period is 24,000 years. It was mainly the 30-kilometer zone that suffered the fallout of this active element. Scientists are still not sure how it will behave in the future, or whether it will contaminate water. Our experts are working on this problem. Analysis shows that after the contaminated forest was buried in the 30-kilometer zone, the wood started to rot, and now plutonium is mixing into organic combinations. It may migrate with these combinations into subsoil waters. Earlier, the speed of the radionuclides' movement was assessed at two to three meters a year. Some day, the active elements may reach the Prypiat and Dnieper riverbeds.

Kravchenko: The scientists working at the Radiological Geochemistry Department created the first-ever radioecological map. Could you tell us about the process of its creation?

Sobotovych: Our scientists drafted a method of drawing up such a map on the basis of the Lutizh test range. Academician V. Shestopalov led the research. He is also the head of the Cartographic Committee of the Chernobyl Institute. A territory 20 by 20 kilometers in Vyshgorodskiy and Ivankovskiy rayons was chosen as

the basis for the map. Hundreds of thousands of samples were taken from a layer of soil two meter thick using a special method. This was later repeated along the whole "western path" of the radioactive fallout. It is 20 kilometers wide and stretches as far as 400 kilometers through the territories of Kiev, Zhitomir, Rovno, and Volyn Oblasts. The map gives information on where it is expedient to develop industries and other infrastructure.

Today new maps are being drawn up within the institute's framework. They include aggregate doses, efficient equivalent soil contamination levels, and radioecological safety. The method of drafting the first map type has been established, and these maps are being drawn up under the supervision of Professor I. Likhtarev. Other maps will reflect not the density of general contamination caused by the Chernobyl accident, but the distribution of the forms of contamination which are the most easily assimilated by plants, thus being especially hazardous to human health. In order to efficiently use Ukrainian territory for economic development, it is necessary to carry out ecological and radioecological mapping on a scale of 1:200,000. This can be done only within a national program in the next 10 to 15 years. The absence of a data base is one of the main obstacles on this path.

Kravchenko: How is the problem of disposing of nuclear waste being solved in Ukraine?

Sobotovych: Five active nuclear power plants are the chief producers of nuclear waste. Almost 4 million of cubic meters of solid waste have been gathered during decontamination work in the Chernobyl area. A nuclear waste dump for these kinds of substances from all over the Soviet Union was once built in Krasnoyarsk District. Not long ago, Russia adopted a decree banning the shipment of radioactive substances to its territory. Our scientists are currently drafting a concept and plan of actions to be taken in this field. If urgent measures are not taken right away, we will have to close down some of our nuclear power plants, because their depositories will be overflowing with nuclear waste.

Chernobyl-Related Illnesses Defy Earlier Scientific Notions

WS0605143493 Kiev KYIVSKA PRAVDA
in Ukrainian 20 Apr 93 pp 1, 3

[Article by Viktor Ponomarenko, deputy minister of health protection: "This Is a Top Priority Task"]

[Excerpts] Some 4.5 million people have suffered from the Chernobyl catastrophe. The "nuclear tornado" covered 13 oblasts, 119 rayons, and more than 2,300 populated areas. [passage omitted]

When we first faced the problems of the effect of radiation on human health, we banked completely on the international experience in this field, which showed that a lot of diseases caused by nuclear radiation manifest themselves long after exposure, while genetic changes became evident not sooner than the second or the third

generation. Chernobyl introduced substantial "amendments" to these traditional notions, and caused world physicians to view the medical consequences of large nuclear disasters differently. What were these new notions introduced by the Chernobyl accident?

The first changes started to show as early as 1989 and 1990. A number of our institutes—the Institutes of Otolaryngology, Urology, Nephrology, and Epidemiology discovered changes in the cellular level of human organisms. These changes resulted in deficiencies of the immune system. In 1991 and 1992 we obtained irrefutable evidence that there exists a direct link between radiation and changes in the qualitative characteristics of blood. With the average disease rate of 0.8 persons for every 10,000 people, those who participated in the liquidation of the aftermath of the accident showed a rate that was twice as high.

Last year, our ministry reported a dramatic increase in children's thyroid cancer. Today we are positive that this is a direct consequence of the accident. This disease peaked in 1990, when it exceeded eight average rates and affected 25 children in comparison to three cases in the previous year. This contradicted the pattern of Hiroshima and Nagasaki. Some 90,000 children "collected" the aggregate dose of 0.15 to 1.5 grays, while about 12,500 children were exposed to more than two grays. [unit as published] This means we can anticipate further deterioration in human health. [passage omitted]

Lake Near Sillamae Likely 'Second Chernobyl'

WS2104100693 Tallinn BNS in English
1933 GMT 20 Apr 93

[Text] Tallinn, Apr 20, BNS—The lake near the town of Sillamae, Estonia, is likely to become a second Chernobyl, the local TV news program warned.

The source reported that during the post-war period the local enterprise cast 4 million tons of uranium waste, 1,200 tons of uranium, 1,000 tons of radium, 7,500 tons of thorium, 2 million tons of calcium sulphate chloride in the lake. The lake is five meters deep and only a few dozen of meters from the Finnish Gulf.

Andres Tarand, Estonia's environmental minister, says the lake poses no serious danger. Last year Finnish and Estonian scientists had examined the lake, he said, and came to the conclusion that there was no danger of nuclear explosion. But, the minister said, waste release in the Finnish gulf and radioactive contamination of the coast were confirmed.

The minister said 200 meters from the shore the situation was already normal. The drinking water taken from nearby wells is not contaminated.

No increase in radiation has been recorded at Sillamae and the level currently is 12-13 microrentgens per hour, in keeping with the established norms, said Yuriy Averbukh, deputy general manager of the state company Silmet.

Sillamae is a former off-limits town on Estonia's north-eastern coast. The pile accumulated from the former military chemical plant during much of the Soviet era in Estonia. Until last year, the plant dealt with uranium concentrate.

The deputy general manager told BNS no emergencies or radiation outflows had taken place at the plant.

Heavy Dioxin Pollution in City of Chapayevsk

PM2604091593 Moscow IZVESTIYA in Russian
22 Apr 93 First Edition p 5

[Sergey Zhigalov report: "Chapayevsk Becomes Environmental Disaster Area"]

[Text] Samara Oblast—The dioxins found in the soil, air, and water of the Volga Valley town of Chapayevsk are even more toxic than strychnine and curare. In similar circumstances the residents of dioxin-contaminated areas of the United States have moved to other areas. No one is talking about moving Chapayevsk and its 80,000 people.

You cannot explain the dioxin phenomenon to the people of Chapayevsk without looking at the town's history. It was planned early this century as an industrial city for the production of explosives and toxins. Major General V. Ivashchenko was in charge of its construction. Soviet generals and defense plant directors took over from the czarist general. Their main aim was to carry out military orders. Meanwhile the city's needs and problems were relegated to the back burner. The people of Chapayevsk grow accustomed to gunfire from the cradle—they live cheek by jowl with a test range. Kindergarten outings are canceled whenever there is a "gas leak" [gazovka]—that is what people here call the barrage of noxious substances emitted by enterprises. The townspeople have also gotten accustomed to coffins crossing the town "amid the sobs and processions" following an accident or explosion.

I think that almost a century of long suffering has predetermined Chapayevsk's present "chemical," including dioxin, troubles. But it was not this that brought the town on the Volga renown. In the view of the chemical generals, Chapayevsk was an ideal place to build a chemical weapons destruction plant. So one was built right next to the town. Then three years ago the people of Chapayevsk rebelled. The town, and the whole oblast too, flared up with protest rallies opposing the startup of the plant. There were pickets posted outside the plant and petitions sent to Moscow bearing many thousands of signatures. And the unimaginable happened—the generals in the Kremlin and the chemical forces backed down. The plant was mothballed.

Chemical Engineer Petr Vasyukhin took part in protest rallies opposing the startup of the toxin destruction plant. He was perhaps one of the first to publicize a secret report about the dioxin disaster threatening his fellow townspeople. He also had an idea of the scale of the disaster. He had spent a long time working at the very chemical

fertilizer plant that had been the main "cause" of the dioxin problem in Chapayevsk. Waste from the plant's hexachloran [geksakhlor] production was heaped in a sludge tank. In time these waste products formed a "dioxin reactor." The poison began to seep into the groundwater and to spread. During a study, "Tayfun" Science and Production Association personnel found dioxins everywhere—in the soil, water, and air around Chapayevsk. The amount of this poison found in shavings from the walls of apartment blocks and hospitals and in water off the leaves of trees in kindergartens was tens of times in excess of the permissible quantities. Dioxins were found not only in drinking water, but even in women's breast milk.

By various estimates, the sludge tank contained 100-2,000 kg of dioxin. That can probably be compared only with the amount of dioxin that the Americans dispersed during the Vietnam war with defoliant to destroy vegetation.

I would point out that people in Moscow and Samara knew about the dioxin in 1988 without Vasyukhin's statements. At the time the USSR Health Ministry sent a secret order to a dozen regions of the country. It cited for the first time norms for the approximately safe level of noxious substances. Preventive measures were prescribed for the fight against dioxins.

By that time the chemical plant had stopped hexachloran production. The sludge tank was blocked up from above with household garbage. The Health Ministry order was "shelved."

In return for their agreeing to the startup of the toxin destruction plant, the generals promised the people of Chapayevsk incalculable social and environmental benefits. Nothing came of it. And no one evidently has any intention of paying the long-standing debts to the city. Yet at the beginning of the Great Patriotic War Chapayevsk was the only place in the Union manufacturing "primers" [sredstva nachalnogo impulsa] for the front, in simpler terms—caps and detonators for munitions. The same chemical fertilizer plant rapidly organized production of mustard gas, which has been celebrated with 64 (!) Orders of Lenin. Who can now say how many people were prematurely carried to their graves by these feats in the rear? How has mustard gas production affected the health of the people of Chapayevsk?

The ring of defense plants around the town pump hydrogen chloride, aerosol hydrogen chloride, nitrogen dioxide... in excess of permissible levels into the air. The list of noxious substances in the river Chapayevka that cradles the town would fill a whole page. There are pesticides, phenols, zinc, copper, and mercury compounds... and dioxins in the water and the silt on the river bed. All these are to be found in the kind of concentrations that would have made people at one time really want to fill in the stream with soil. This also is the answer as to why the incidence of lung cancer, active tuberculosis, and bronchial asthma in Chapayevsk is the highest in the oblast. Child mortality in the town is double that for the region as a whole...

Studies of the health of newborn babies in Chapayevsk by personnel from the Moscow Pediatric and Child Surgery Research Institute have shown that just 4 percent of the children surveyed are healthy. There are many cases of congenital deformity and severe malformation.

You cannot today imagine the full tragic consequences of the military-industrial complex's undeclared chemical "war" for the people of Chapayevsk. Comprehensive scientific study is what is needed. Primarily emergency measures to protect the city from a dioxin disaster. Dioxins are, after all, still leaking from the sludge tank into the ground water to this day. The wind scatters dioxins and dust from the chemical fertilizer plant throughout the town.

But, in Professor Lev Fedorov's opinion, Chapayevsk is not the only city suffering from dioxin contamination. He thinks that the residents of Ufa, Dzerzhinsk, Ussolye, and Irkutsk Oblast are subject to severe dioxin effects. Chapayevsk was the first to sound the alarm. By dint of fate, this town on the Volga was destined to be a test ground for trying out weapons and means of combating "chemical attacks."

The city soviet of people's deputies has decided to press for Chapayevsk to be declared an "environmental disaster area." A plan of top-priority measures has been formulated to improve the environmental situation in the town. Billions of rubles are needed to implement it.

"The bulk of the money should be allocated in stages from the Russian budget," Yuriy Lipchenko, head of Chapayevsk City Administration, said. "We are tired of pestering departments in Moscow with outstretched hand. Everyone nods and sympathizes, but things are not getting moving. And time is working against us, against our grandchildren, who will be born in the future. It is time for the Kremlin and the Finance Ministry to realize that we are fighting not for a wage raise, but for the right to live!"

Ukraine: Kravchuk Abolishes Presidential Representative's Directive

*AU2304145493 Kiev URYADOVYY KURYER
in Ukrainian 22 Apr 93 p 2*

[Presidential edict issued in Kiev on 17 April: "Ukrainian Presidential Edict on Directive No. 293 Issued by the Presidential Representative in Kiev on 12 March 1993"]

[Text] On 12 March 1993, the Ukrainian presidential representative in Kiev issued a directive "On Urgent Measures for Regulating the Legal Status of Citizens of Other Countries Who Arrive in Kiev and for Improving the Sanitary and Epidemic Situation" thereby approving the Tentative Regulations for Preventive Measures Against Infections That Require Quarantine and That Are Especially Dangerous (AIDS, Malaria, Cholera, Plague, and Yellow Fever) and Rules for Registering Citizens of Other Countries Who Arrive in Kiev. These documents stipulate the introduction of a tax on concluding agreements on renting living quarters and the compulsory testing of foreign citizens for HIV irrespective of the duration of their stay in Kiev, set rules for

registering them, and resolve the question of the administrative and criminal responsibility of persons who are guilty of violating the demands of the directive.

The aforementioned directive contradicts Ukraine's laws "On the Prevention of AIDS and on Social Protection of the Population," "On the System of Taxation," "On the Ukrainian Presidential Representative," Ukraine's Cabinet of Ministers Decree No. 460 of 10 August 1992 "On Adopting Rules of Medical Examination for the Purpose of Revealing HIV-positive Persons, Registering HIV-positive Persons, Subjecting Them to Medical Tests and to Preventive Observation," and other legislative acts and norms of international law. Its adoption involves exceeding authority, because the resolution of all the questions that the given directive deals with is not within the jurisdiction of local state administrations, but is regulated by legislative acts. The directive also sets limitations to citizens' rights, limitations that are not stipulated by the legislation.

In connection with the above and proceeding from Part Two of Article 10 of Ukraine's law "On the Ukrainian Presidential Representative," I resolve as follows:

Directive No. 293 issued by the Ukrainian presidential representative on 12 March 1993 "On Urgent Measures for Regulating the Legal Status of Citizens of Other Countries Who Arrive in Kiev and for Improving the Sanitary and Epidemic Situation" must be abolished as being contrary to the demands of legislation and to the norms of international law and as violating the rights and legitimate interests of citizens.

L. Kravchuk, president of Ukraine
Kiev, 17 April 1993
No. 133/93

Radiation Panel Aides Accused of Dereliction

PM2804121993 Moscow ROSSIYSKAYA GAZETA
in Russian 27 Apr 93 First Edition p 4

["Viewpoint" article by Fedor Gosporyan, chairman of Supreme Soviet Radiation Safety Subcommittee, under "Chernobyl" rubric: "We Should Take the 'Graves' and Abolish Them"]

[Excerpts] [Passage omitted.] The Russian State Committee for Statistics recently submitted the official document "On Progress in Fulfilling the State Program To Eliminate the Consequences of the Accident at the Chernobyl AES [Nuclear Electric Power Station] and Other Radiation Pollution in 1992." The annual target for moving residents from Bryansk Oblast was 11.6 percent met, including 8.8 percent in terms of moving them out of the obligatory evacuation zone. Instead of 40,000 people being moved to clean regions, 4,632 were—almost half as many as the previous year.

There are scientists who faithfully serve the nuclear department and Goskomchernobyl and who at once

leaped to the defense of the bankrupt structure. Whereupon the "Proposals for the Practical Realization of the Concept of the Population's Residence in Regions Affected by the Accident at the Chernobyl AES, Under Conditions of the Rehabilitation and Restoration Stage Now Under Way" saw the light of day. They were drawn up by a working group of the Russian Scientific Commission on Radiation Protection.

The "Proposals..." maintain that there is no direct link between soil pollution and the dose received by the population. This is not so, to put it mildly. There is a complex dependence here, but the link is very direct. The process of "rapid natural self-cleansing" is of a highly debatable nature. The role of the "protective measures that are being taken" is still less significant here, for they are being implemented with a lack of vigor and effectiveness. The claim that, thanks to these two processes, there is an increasing gap between soil pollution and received dosage would not fool anyone.

The following claim is also greatly stretching a point: "At present, even in Bryansk Oblast rayons with a high level of primary pollution (more than 15 and even more than 40 curies per square kilometer), reliably measured doses are relatively small and are continuing to diminish rapidly." A group of Supreme Soviet deputies and experts was convinced of this after visiting western rayons of Bryansk Oblast at the end of last year. In the village of Stary Vyskov a counter showed 1,130 microrentgen per hour, i.e. 100 times higher than the background value, in the yard of a house where a family with young children lives. Maybe it was 200 times higher a year ago?

The authors of the "Proposals..." try to prove that the additional irradiation of the population in 1991 and in subsequent years, which gives an average annual effective equivalent dose of radiation of no more than one millizivert [as transliterated], is perfectly permissible and requires no intervention. And yet the individual dose of the victims is still not known and, to all appearances, nobody has any intention of seriously setting about determining it.

The essence of the "Proposals..." boils down to not carrying out any more compulsory mass removals—in short, revoking the law's demands. The wording is bare to the point of cynicism: "To allow only voluntary resettlements as a means of reducing stresses and sociopsychological tension, while at the same time not encouraging it by either economic or administrative methods."

No comment, as the saying goes.

What does the proposed switch from granting allowances and paying compensation to preferential conditions of socioeconomic life mean? In practice it means just one thing—a desire to take away the crumbs of the meager alms for those dispossessed by Chernobyl.

Chernobyl Register to Monitor Victims' Medical Data

*WS1205133893 Minsk Radio Minsk Network
in Belarusian 0505 GMT 12 May 93*

[Text] The Belarusian Government has adopted a resolution on the creation of a register of persons who were exposed to radiation during the Chernobyl nuclear power plant accident. The National Register Statute has been drafted, and the State Committee for the Chernobyl Accident Aftermath has been advised to earmark 375 million rubles to the Ministry of Health Protection. The money will be spent on the creation and operation of the register, purchases of the necessary equipment and means of communication. The aim of the register is to help monitor the people affected by the accident, and to receive reliable data on medical and biological consequences of the catastrophe.

Baltic States Sign Agreement on Free Medical Aid

*WS2505073793 Tallinn BNS in English
2015 GMT 21 May 93*

[Text] Riga, May 21, BNS—The representatives of Estonia, Latvia and Lithuania on Friday signed the tripartite medical co-operation agreement.

The agreement envisages free medical aid to the citizens of the Baltic republics in all three states and special medical aid for adolescents and children.

The document also envisages co-operation in medicament industry, medical technology, scientific research, etc.

A centre for co-ordinating medical aid in case of catastrophes, and specialized health centres will be created.

An operative system of information exchange should be created for emergency.

The agreement was signed by Vello Ulmo from the Estonian Social Ministry, Lithuanian Minister of Health Jurgis Bridikis, and director of the Latvian Health Department Zigmunds Kovalcuks.

Amur River Pollution Creates Emergency Situation

*93WE0335B Moscow ZELENYY MIR in Russian
No 6, 1993 p 4*

[Article: "State of Emergency: One Hundred Sixty Thousand Cubic Meters of Untreated Sewage Are Dumped Into the Amur Each Year"]

[Text] Khabarovsk authorities were forced to close sewage pumping station 5-A in connection with the seriously run-down state of the building's load-bearing structures and the danger of their collapse.

The danger lies in the fact that undecontaminated water is being released through emergency outlets upstream from the city's main water intakes. Calculations confirm

a sharp increase in the risk of contamination of tap water in other Amur population centers located downstream from Khabarovsk as well.

The public health services have planned a serious program of measures to prevent serious consequences to the population. Appeals to residents to take concern for their own safety are being broadcast on radio and television. Use of unboiled water even to wash dishes is prohibited.

Official Reaction to Contamination of Volga-North Caspian Water Supply

*93WE0335C Moscow ZELENYY MIR in Russian
No 6, 1993 p 4*

[Article: "Appeal"]

[Text] The Volga Ecoparlament appeals to executives of soviets of people's deputies, administrations, nature protection committees, organs of the state public health and epidemiological inspection committee and the nature protection procuracy, and to subjects of the Russian Federation on the territory of the Volga-North Caspian region to adopt coordinated emergency measures to prevent ecological emergencies, the probability of which is extremely high in the spring high water period of 1993.

Inspections by the Russian Federation Ministry of Protection of the Environment and Natural Resources and the State Committee for Public Health and Epidemiological Inspection have established that the ecological situation has grown extremely worse in a number of Volga oblasts and republics, and that significant quantities of industrial, agricultural, domestic and other wastes have been accumulated. In March-April of this year these wastes could be dumped into water sources of the Volga basin and thus create a critical situation for the population's water supply.

The situation is also aggravated by the fact that existing public water supply systems have not been provided this year with an adequate volume and composition of reagents, including disinfectants, despite measures undertaken by the Russian Federation Ministry of Protection of the Environment and Natural Resources and the corresponding administrative bodies.

We propose the following as immediate measures:

1. Establishing special groups to maintain the public health reliability of water supply systems;
2. Conducting a meticulous inspection of the principal facilities and water mains;
3. Intensifying surveillance over all possible discharges by industrial enterprises both directly into the Volga and into its tributaries and floodplain regions;
4. Decisively halting all violations of nature protection legislation, leaving not a single violation unaddressed.

Adopted by the Seventh Session of the Ecoparlament.

Ulyanovsk 25 February 1993

GERMANY

EC Commissioner Brittan Views GATT Round, Protectionism

AU0705132393 Duesseldorf *HANDELSBLATT*
in German 7-8 May 93 p 11

["ay." report: "Brussels Rejects Bilateral Agreements"]

[Text] Bonn—Just like EC Commissioner Leon Brittan, U.S. Trade Representative Mickey Kantor is convinced that the GATT world trade round will be concluded before the end of the year. Important switches have already been made for this, and Brittan and Kantor expect the decisive impetus to come before the summit of the G-7 in Tokyo in July.

[passage omitted on GATT round issues]

Brittan resolutely rejected the impression that the EC has lately developed into a protectionist trade club: Neither the notorious banana policy nor the ban of meat imports from the whole of the Eastern European region (which was lifted at the beginning of the week) or even the EC's antidumping practices can serve as proof of a protectionist community trade policy. According to the commissioner, "the antidumping measures of the community are completely covered by the GATT provisions; they are applied if international law is broken by another party. Moreover, this is our only chance to defend ourselves against the dumping competition."

The import ban on meat from Eastern Europe can be even less associated with protectionism: Only veterinary-sanitary considerations were at issue there. The fact that in some of the countries affected hoof-and-mouth disease did not occur at all did not play a role, but, rather, what was decisive was that it had not been possible to rule out infection via those countries, he said. However, Brittan himself does not seem to be particularly happy, admitting that the whole thing was somewhat unfortunate, "an extremely unfortunate accident, both from the political and the economic point of view, but, after all, we in the commission cannot be held responsible for the freedom of movement of a virus." Brittan is even less happy about the bananas: "Of course, I cannot pretend that this is a model example of free trade." However, in the opinion of the EC commissioner, the market regulations for bananas are completely in line with GATT rules and are also in agreement with those proposed for the GATT reform.

UNITED KINGDOM

Cash Limit Raised for Health Trusts

93WE0399A London *THE DAILY TELEGRAPH*
in English 22 Apr 93 p 6

[Article by David Fletcher, Health Services Correspondent: "Cash Limit Soars for Health Trusts"]

[Text] Trust hospitals and health authorities are to be allowed to use private finance of up to £10 million for

developments without prior approval from the Treasury and Department of Health, the Government announced yesterday. The present limit is £250,000.

The move opens the way for private health care companies and private hospitals to run NHS wards or hospitals in a way which could have major implications for the Health Service.

The Government hopes the change will improve services for NHS patients by encouraging more private money to flow into the NHS for joint NHS-private developments.

These might include the NHS buying complete medical services from private operators or leasing NHS buildings to private hospital managers who would run services for NHS patients.

Mr. Tom Sackville, Junior Health Minister, said the extra private capital which the Government hoped to attract into the NHS was in addition to the publicly-funded £2.1 billion NHS capital spending.

He said NHS hospitals had already made arrangements with private hospitals to clear long waiting lists.

"But there is no reason in principle why the NHS should not make longer-term arrangements—it is for local managers to decide if this is the most cost-effective way of providing services."

Mr. Sackville cited as the sort of venture which might be developed a scheme in which a trust hospital is collaborating with a private partner to provide patient hotel accommodation.

The NHS provided the building and the private partner renovated and operated it, with the right to use a quarter of the beds for private patients. NHS patients would use three-quarters.

Another example was in Sheffield, where the Northern General Hospital had made a seven-year agreement with a private operator to provide a kidney dialysis service for NHS patients.

The building was owned and managed privately and all the staff were employed privately except for the medical staff.

Mr. Sackville said: "We are willing to consider any scheme on its merits. This means more freedom and responsibility at the local level."

The changes were criticised by Mr. David Blunkett, Shadow Health Secretary, who accused the Government of seeking to create a private health care system by the back door.

He said: "The NHS which is likely to emerge will be a much reduced version—if it survives at all—with private provision taking a more and more dominant role."

The British Medical Association said it hoped relaxation of the rules would genuinely result in extra money for the NHS.

Mrs. Sue Ellen, managing director of BUPA Health Services, said the changes opened up exciting opportunities.

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